





Masculinity and soccer: gender issues in a psychosocial rehabilitation experience with men in Brazil's Federal District

Masculinidad y fútbol: cuestiones de género en una experiencia de rehabilitación psicosocial de hombres en el Distrito Federal, Brasil

Fernando Pessoa de Albuquerque¹, Lilia Blima Schraiber²

¹Psychologist, PhD in progress in Preventive Medicine. Researcher, Department of Preventive Medicine, Universidade de São Paulo, São Paulo, Brazil. 

²Doctor, PhD in Medicine. Professor, Department of Preventive Medicine, Faculty of Medicine, Universidade de São Paulo. Researcher 1A, Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq), Brasil. 

ABSTRACT This article presents a study of men's participation in soccer workshops at a mental health services facility (CAPS). The sport is considered a relevant practice in terms of men's sociability processes. Qualitative research was conducted at two CAPS facilities in Brasilia, Federal District from August 2017 to September 2018. Data were collected through observations of daily activities and with 10 semi-structured interviews with male participants who were selected during observations. The findings of this study demonstrate the potential of therapeutic soccer workshops for the psychosocial rehabilitation of men with mental disorders – the users of these mental health services – based on social and cultural re-insertion through an activity that materially and symbolically constructs masculinity and what it means to be a man in Brazil. As patients with mental disorders who are customarily marginalized from hegemonic masculinity, the users of CAPS services were able to access possible masculinities and reconstruct their new identities as men.

KEY WORDS Men's Health; Masculinities; Mental Health; Psychosocial Care Center; Brazil.

RESUMEN Se aborda la participación de hombres en talleres de fútbol realizados en servicios de salud mental, deporte que es considerado una práctica importante en los procesos de sociabilidad de los hombres. Se realizó una investigación cualitativa en dos servicios de salud mental del Distrito Federal de Brasilia, entre agosto de 2017 y septiembre de 2018, con observación participante de las actividades habituales de los servicios y diez entrevistas semiestructuradas a usuarios varones, seleccionados durante las actividades observadas. Los hallazgos muestran la potencialidad del taller terapéutico de fútbol en la rehabilitación psicosocial de hombres con trastornos mentales, usuarios de los servicios de salud mental, a partir de la reinserción social y cultural en una actividad material y simbólicamente constructora de la masculinidad y de lo que representa ser hombre en Brasil. Estos pacientes, por ser portadores de sufrimientos mentales, suelen ser marginados y discriminados del modelo de masculinidad hegemónica, por lo cual, al viabilizar el ejercicio de una masculinidad posible, estos usuarios pueden expresar la forma de reconstruir su nueva identidad de ser hombre.

PALABRAS CLAVES Salud del Hombre; Masculinidades; Salud Mental; Centro de Atención Psicosocial; Brasil.

INTRODUCTION

This study discusses the relationship between men diagnosed with mental disorders and therapeutic workshops at Mental Health Services Facilities (CAPS) [*Centros de Atenção Psicossocial*] in the area surrounding Brasília, Federal District (Brazil), focusing on soccer practices that take place in mental health services facilities.

Men's access and admission to mental health care must overcome a series of obstacles related to the construction of masculinity and the norms required to establish oneself as a "real man." Hegemonic gender patterns produce references of behavior and social performance that lead men to remain silent about their health problems unless they consider them serious. Many studies show that men have difficulty expressing their feelings and dealing with emotions, resulting in a negative impact on their mental health. It may be said that patriarchal and chauvinist culture establishes a complex and delicate relationship between men and their way of dealing with their emotions. It may also be said that men silence their emotions and their subjectivity. After all, men see depression as a sign of weakness.^(1,2,3,4,5)

The described vulnerabilities are exacerbated due to the difficulties in accessing mental health services faced by men. Studies show that men have fewer medical consultations per year compared to women⁽⁶⁾ and they use progressive care services such as primary health care⁽⁷⁾ less frequently, as men subjectively underestimate health services,⁽⁸⁾ especially those services that provide long-term care, such as psychosocial care services.

Regarding mental health care, there are few studies available about men's access to specialized services in mental health and, especially, about how such services relate with men as users. The study of Campos et al⁽⁹⁾ shows limited male demand for mental health services. However, men show significant health problems that must be observed, preserved, and handled by the Psychosocial Care Network.

According to Zanello et al,⁽¹⁰⁾ the services that integrate the Psychosocial Attention Care have little gender differentiation and there are no specific activities developed for men and/or women. Although a principle of the psychiatric reform and conceptual base of the Psychosocial Care Network is putting "illness between parenthesis" in order to preserve and take care of the singularity of each subject,⁽¹¹⁾ it is observed that mental health services focus their actions on the biopathological dimension of the mental disorder, only addressing the biomedical sphere while disregarding social life and, therefore, matters related to gender, as well as other dimensions of social inequality, such as race, social class, and generational aspects.⁽¹²⁾ The 2004 policy regarding alcohol consumption control serves as an example of the aforementioned issue, given that there are no specific measures mentioned about male population and no discussion of the relationship between alcohol and male socialization processes, despite the fact that this matter is much more frequent in the male population.

Thus, it is possible to establish the relevance of studying the routine of psychosocial care services and therapeutic workshops that are carried out as part of a treatment to understand how to approach the construction of gender in the daily life of these services. Consequently, this will help address the influence of masculinity conceptions on the experience of mental disorders and behavior in an area of the CAPS.

Brazil's Ministry of Health defines therapeutic workshops at CAPS facilities as "actions collectively developed to examine the potentiality of group situations [...] as a resource to foster sociability, intervene relationships, handle relationship difficulties, enable the experience of shared construction, experience sense of belonging, give and receive affection, self-esteem, autonomy, and exercise of citizenship"⁽¹⁴⁾ [own translation].

Ultimately, therapeutic workshops aim to increase autonomy and foster psychosocial reintegration of its users⁽¹⁵⁾ and include conversation circles, artistic, expressive, and music activities, handicraft production, income

generation, and corporal practices such as soccer workshops. Many workshops are held specifically in community spaces in order to foster the possibility of social and community inclusion of mental health services users,⁽¹⁶⁾ who have been historically stigmatized and excluded from social life.⁽¹⁷⁾ It is observed that many CAPS facilities hold their soccer workshops in public spaces, according to the few articles on soccer practices inside psychosocial care services.^(16,18,19,20)

This study highlights soccer workshops at CAPS facilities because such sport has a highly relevant representation in sociability processes among men, being one of the elements for constructing masculinity in a national context, as “soccer practice is one of the spaces where hegemonic masculinity is experienced and created”⁽²¹⁾ [own translation]. Moreover, such physical activity results in a way of teaching masculine bodies, which are educated and tested to accomplish “manhood.”⁽²²⁾

By defining soccer as a sport that requires “masculine stamina,” Brazilians have transformed it into a masculinity test. Children who do not show talent or interest in that sport do not pass the test. [...] Similarly, the act of “supporting a team” in an adult person shows that they have masculine interests.⁽²²⁾ [Own translation]

Souza’s approach⁽²²⁾ encouraged this study, which aims to delve into the knowledge of the relationship between male users of mental health services and soccer therapeutic workshops, which replicates one of the most relevant ways of socialization of children and men in Brazil. Additionally, our aim is to understand the role of such activity in the therapeutic processes of these users and the way they participate in the workshops offered by the services.

METHOD

The present study is part of a broader PhD investigation entitled “*Sofrimento Mental e*

Gênero: o cuidado aos homens na Rede de Atenção Psicossocial” [Mental Disorder and Gender: Assistance to men by the Psychosocial Care Network], which describes the interaction between men who have demands regarding mental health and the services of the Psychosocial Care Network in Brasília, Federal District, and how such health services have treated the reasons behind the consultation on male mental disorders, by analyzing the reasons, demands, and care offered from a gender perspective and from the studies on the social construction of masculinity. For this purpose, a qualitative methodology was employed, as we analyzed the subjective aspects of the relationship between male users and the exercise of their masculinity and also the psychosocial care services to which they were admitted.

We took into account the principles of qualitative research, which are regarded in this study as interpretative practices that consider the meanings conveyed by the subjects to the phenomena and the combination of relationships in which they are inserted.^(23,24)

The techniques used to gather information were participant observation and semi-structured interviews with the male users who attended the aforementioned services. Participant observation was conducted during daily activities of such services and during a typical routine week at every CAPS facility.

Participant observation and semi-structured interviews were based on prepared guides as per the objectives of this study and in connection with the questions presented by recent investigations on the topic, as the developments by Zanello et al,^(10,25) Schraiber et al,⁽⁶⁾ and Figueiredo et al,⁽²⁶⁾ which were also used as the basis of the interviews and the formation of key questions, respecting the flow of ideas of the informants, emphasizing the users’ perception related with their relationship with mental health services.

The services involved were two CAPS facilities located in the Samambaia region, in the outskirts of Brasília, Federal District: a CAPS III open 24 hours providing medical care to adults suffering from persistent and severe mental disorders, and a

Psychosocial Care Center for Alcohol and Drugs (CAPS-AD) [*Centro de Atenção Psicossocial Álcool e Drogas*] III open 24 hours, which provides medical care to people with mental disorders caused by alcohol and drug consumption.

Observations at the Psychosocial Care Network healthcare services also helped identify prospective interviewees, who were contacted upon observation of the care activities. In total, ten users, who were all regular patients of the two CAPS facilities included in this study, were interviewed. Observation and semi-structured interviews were conducted between August 2017 and September 2018.

Data was analyzed based on the distinctive features of its construction and its relationship with the contexts in which data was conceived, and from the informant's point of view, considering each informant as an individual that represents their own culture, which agrees with the constructed social imaginary, though it may have specific representations of such culture.⁽²⁴⁾

Several readings of the transcribed material taken from the interviews and the field journal recorded during observations were carried out to allow the researcher to grasp the content of the text, in a process known as impregnation.⁽²⁷⁾

The first order of topic categorization was made, following the axis taken from the observation and interview scripts and based on the theoretical framework. Other underlying contents emerged from empirical material, which made us open new topics in more limited internal categories that are not less relevant.

We attempted to analyze the compiled material, the ten transcribed interviews, and the field journals of each service based on the understanding and contextualization of the meanings conveyed by the interviewees to the topics addressed during the interviews, which were recorded and then fully transcribed.

For the purposes of this study, the contents related to participation in therapeutic soccer workshops at both CAPS facilities were extracted from the analysis, using the interviews and field journals as data sources. All the interviewees attended the soccer

workshop at least once, while five of them were invited to the interview during such activity. The rest of the interviewees were contacted in routine therapeutic groups.

The use of participant observation helped analyze how the spaces and activities of these services are used, with a focus on soccer practice as a therapeutic workshop at the CAPS facilities. It should be highlighted that this technique helps comprehend the combination of understandings and meanings shared in a collective practice,⁽²⁸⁾ while the interviews help understand the meanings conveyed by men to soccer practice in the service and its relationship with exercising masculinity and sociability among men. It was decided to identify cores of meanings related to soccer practice and its relationship with exercising masculinity and sociability among men for the analysis of the interviews, based on the theoretical framework in gender studies.

Subsequently, explicit and implicit ideas taken from the text were problematized with reports taken from the field journals and the data collected from the observations and the interviews, with broader sociocultural meanings. Finally, a first interpretative summary was proposed, aiming to bring together the adopted theoretical basis and the empirical data, among the objectives of this study.

The research project, the terms of each informed consent for observational research, and the interviews with healthcare professionals and users were approved by the Ethical Committee for Research of the Faculty of Medicine of the Universidade de São Paulo (Code No. 1-913-518) and by the ethical committee for research in the Fundação Ensino e Pesquisa em Ciências da Saúde at the Secretariat of Health of the Federal District (Code No. 2-137-522).

RESULTS

Profile of the interviewees and the observed activities

In order to contextualize the statements from each interview, it was decided to briefly

describe the history of mental health conditions suffered by each interviewee. True identities were kept in secret and replaced by names related to characters taken from songs of Brasília's rock groups, due to the fact that all the interviewees are men who live in different circumstances in the Federal District. The interviewees' presentation is shown in Table 1.

Regarding age groups, three of the interviewees were between 20 and 30 years old, six were between 30 and 50 years old, and only one interviewee was over 60 years old. Eight men identified themselves as black-skinned, seven as brown-skinned, and two men identified themselves as white-skinned. With regard to sexual orientation, all ten interviewees identified themselves as heterosexual, without reporting homosexual relationships during their statements. As regards their condition, half of the interviewees were single, three were married, and two were separated. It is important to highlight that seven interviewees did not have a stable relationship during the investigation period, this fact is in line with studies showing that single men are more likely to suffer from mental disorders than married men.⁽²⁹⁾

Concerning employment status, seven of the interviewees did not have personal income, three of which were looking for a medical certificate that would grant them disability retirement. Of the remaining three interviewees who received some type of income, only one of them worked, while another was a retired civil servant and the other one, a security officer who retired as he was considered by the National Institute for Social Security to be incapable of performing his duties due to mental health treatment, in this case, on account of a recent psychotic break.

Only three interviewees were from the Federal District, three were from Bahia, three from Minas Gerais, and only one interviewee was from Goiás. The latter was the only one who had moved to the Federal District less than seven years ago, the other interviewees had moved to the Federal District between 7 and 49 years ago.

Regarding the mental health services used, seven interviewees were regular patients at the CAPS III and three at the CAPS-AD. This difference in number was due to the fact that the field in the CAPS-AD was smaller than the field in the CAPS III. With regard to the profile of the interviewees by type of mental health service, there were little differences with respect to race/skin color, condition, and education status. The CAPS III showed a greater number of young adult patients, who had developed psychotic disorders during adolescence, while the interviewed users at the CAPS-AD were between 30 and 50 years old.

The main difference between the two mental health services is the reasons for consultation and diagnosis for each interviewee. In the CAPS III, there was a greater number of schizophrenia diagnoses, and the reasons for consultation were related to psychotic symptoms. Additionally, six out of the seven interviewees who were in that facility reported psychotic symptoms such as hallucinations and delusions of persecution. Conversely, at the CAPS-AD, all the interviewees were diagnosed with chemical dependency and only one of them was an alcohol user exclusively. The remaining two interviewees reported concurrent alcohol and crack abuse.

The interviewees at the CAPS III had received treatment in such mental health service for a period of time between a week and two years, and two of the seven interviewees at the CAPS III had received treatment in such (mental health) service for less than a year. It was noted that the duration of the stay in treatment was longer in users at CAPS III, as two patients at the CAPS-AD had attended the mental health service for less than three months and only one patient had been a regular patient for two and a half years.

During the interviews, the participants were asked how long they had lived with mental disorders that led them to be patients at CAPS facilities. Only one interviewee (Pablo) stated he had had his first psychiatric hospitalization, for which he was referred to the CAPS facility three weeks before the interview. Nonetheless, all the other participants

Table 1. Characterization of the interviewed users. Brasilia, 2017-2018.

Mental Health Service	Name of the interviewee	Age of the interviewee	Place of birth	Race	Marital status	Employment Status	Education Status	Reason for Consultation/ Main diagnosis	Brief account of the patient
CAPS III	Pablo	47 years old	Bahía (living in the Federal District for 24 years)	Brown-skinned	Married	Security guard (leave of absence due to a health issue)	Higher education	Recent psychotic break	He works as a security guard in a healthcare service facility. He arrived at CAPS III for an integrated admission after being hospitalized in a psychiatric hospital after a psychotic break he suffered during his working shift, in which he fired a gun during a meeting with a labor unionist, who he accused of chasing him.
CAPS III	Maurício	22 years old	Piauí (living in the Federal District for 7 years)	White-skinned	Single	Unemployed	Secondary education	Schizophrenia	He is a young man from Piauí, where he was homeless for some time, until his uncle brought him to Brasília. There are reports of schizophrenia symptoms since he was 14 years old, and since his first seizures, his uncle took him to the University Hospital of Brasília to receive treatment. He was then referred to the CAPS.
CAPS III	Luís	23 years old	Minas Gerais (living in the Federal District for 18 years)	Brown-skinned	Single	Unemployed	Primary education (incomplete)	Autism spectrum disorder	He was diagnosed with autism when he was six years old. He was under treatment in a healthcare service specializing in medical orientation and psychopedagogy but he also showed psychotic symptoms, according to the consulted medical records. He arrived at the CAPS through a psychopedagogy referral service.
CAPS III	André	38 years old	Federal District	Brown-skinned	Single	Supermarket employee (Unemployed)	Secondary education	Undiagnosed / He had a psychotic break	He reported a psychotic break which occurred a year ago during his working shift. He did not report the cause of admission to the Psychiatric Hospital for an unspecified period. However, he believes that, if he takes his medication properly for two years, he will be treated and will be able to return to work. He was admitted to the CAPS III after being referred from the Psychiatric Hospital.
CAPS III	Johnny	35 years old	Minas Gerais (living in the Federal District for 25 years)	Black-skinned	Separated	Jiu-jitsu professor (Unemployed)	Primary education (incomplete)	Schizophrenia	He reported sleeping issues caused by aggression crisis, self-mutilation, and hallucinations of suicidal thoughts, which have intensified since his separation three years ago. He was once homeless, but he is currently living with his mother. After a series of hospitalizations at the Psychiatric Hospital, he was referred to the CAPS-AD, but he reported that there was a mistake, which was corrected when he was transferred to the CAPS III, where he received treatment for five months. Since his hospitalization, he stopped teaching jiu-jitsu classes.
CAPS III	Oscar	69 years old	Bahia (living in the Federal District for 25 years)	Brown-skinned	Married	Retired worker	Primary education (incomplete)	Insomnia	It is the only senior adult interviewee, who was chosen after he asked interesting questions about the relationship between men and alcohol and interference of substances in families' daily life in the community therapy group. Oscar is a retired federal civil servant who reports suffering from insomnia since 2003, and he was admitted to the CAPS only after being under treatment in the Samambaia Hospital, where he did not feel welcomed. "We have godfathers at CAPS."
CAPS III	Eduardo	23 years old	Federal District	Brown-skinned	Single	Unemployed	Secondary education (incomplete)	Schizophrenia	He started treatment at the CAPS III three months ago and was transferred from the Mental Health Institute of the Federal District, where he participated in a series of artistic and mental health activities. He reports missing such activities and wonders why he was not kept at the Mental Health Institute. He is young and he lives with his parents and his sister. He stated he never had a partner. He started treatment at the Mental Health Institute after having a psychotic break, which led to his admission to the Federal District psychiatric hospital and later to his transfer to the CAPS III.
CAPS AD	Vidal	30 years old	Federal District	Brown-skinned	Single	Unemployed	Primary education (complete)	Use of alcohol and other drugs	Vidal had been under treatment at the CAPS-AD for two and a half years due to alcohol and cocaine abuse. He was taken by his father, who received orders from a district representative to do so. Currently, he is a representative for the CAPS patients and he desires to establish a user association. However, Vidal reported that he drank alcohol and used cocaine to relieve his anger towards his paternal relatives who accused him of being an illegitimate son because he had a darker skin color than his father's. He reported that members of his family made racist jokes, by saying that they were not related to the "nigger." Vidal also stated that his anger was only relieved after doing a DNA test, which proved he was a legitimate son. This test was suggested by a professional of the CAPS facility.
CAPS AD	João	45 years old	Goiás (living in Federal District for 1 year)	White-skinned	Separated	Blacksmith (unemployed)	Secondary education (complete)	Harmful use of alcohol	João has been living in Brasília for a year and he has been receiving treatment at the CAPS-AD for three months. When he was interviewed, he was in integrated care after suffering a relapse. He recently divorced and says that he started drinking excessively after losing his 17-year-old son, murdered due to his participation in drug trafficking. The family of his wife accuses him of being responsible for the death of his son, arguing that he "abandoned his son." He cried a lot when he was talking about his son. He was consulting a specialist for a problem with his eyes. When he lost his son, his physician referred him to the CAPS facility. He is also ashamed of being unemployed and being incapable of supporting his family.
CAPS AD	Jeremias	38 years old	Minas Gerais (living in Federal District for 11 years)	Brown-skinned	Married	Cleaning assistant	Primary education (incomplete)	Harmful use of alcohol and crack	Jeremias was in integrated care at the CAPS-AD. He said he turned to the service on his own, as he was admitted in religious therapeutic communities in the past by persistence of members of his family, but it was his wife who told him about the existence of the CAPS-AD. He reported having problems with alcohol consumption for two years, after the birth of his third son and the impossibility of maintaining his homestead. He also declared that he started "getting rid of" his wife while he drank. He also said that he had lived in indigent conditions and that he had used crack.

Source: Own elaboration.

said they had been living with mental disorders for a longer period of time. The participants stated they had been suffering mental disorders for six years. Four of the participants said they have had the first symptoms of mental disorders two or three years ago. Three other participants declared that they have had these symptoms for more than ten years.

All of the participants in the study were frequent users of the services offered at the CAPS facilities. At CAPS III, only one of the patients was hospitalized in the center, receiving comprehensive health care. The other six participants were users of the services from two to four times a week, participating in thematic group workshops, especially in the soccer activity that was conducted by a pharmacist. This healthcare service did not have a physical education specialist. Nonetheless, this soccer workshop was based on a recreational approach that did not require the presence of a specialist in order to be performed.

Similarly, at the CAPS-AD, two of the participants received comprehensive medical care and the other participant used the services on working days. All participants were part of a therapeutic group conducted by a psychologist and a nurse, and they seemed to be involved with the healthcare services, establishing regular and emotional relationships with both specialists and other users.

Men, masculinities, and use of mental health services

The present investigation showed how difficult is for men to join healthcare spaces that are regularly occupied by women, as men do not feel comfortable when they talk about themselves with people of the opposite sex. Studies based on the participation of men in activities conducted by primary care teams also evinced the same obstacles.^(7,8,30) Conversely, women are much more accustomed to dealing with the activities offered by healthcare services. Therefore, when facing matters related to feelings and emotions, women have a wider vocabulary of the psychological

universe and they feel more comfortable when talking about themselves.⁽²⁾ This context makes it difficult to include men in group activities, considering that the method of male subjectivation demands silencing emotions, defects, and weaknesses felt by men.⁽³¹⁾

In the study conducted by Campos et al,⁽⁹⁾ the authors associate the lesser demand of men for using mental health services with the patterns of hegemonic masculinity. These patterns are related to less “self-care” and “fear of discovering something bad” about their mental health.⁽⁹⁾

Despite this configuration, it should be highlighted that these services enable the creation of spaces where users of the CAPS III and the CAPS-AD can coexist and interact. During the interviews, there were many reports from users who emphasized the quality of the bond created between service workers and patients. Additionally, the majority of the patients stated they felt more comfortable at the CAPS III and CAPS-AD, where they suffered less discrimination than in other public spaces, and that they performed several activities that they would not do in any other place. Eduardo, for example, who participated in the soccer activity at the CAPS III, stated he felt better because he was more like the men who went there, in comparison with the men from the Olympic Village, where he also played soccer occasionally.

The difference is that you have the “standard society” there [in Olympic Village], there are ordinary people... and here you have more buddies, more friends, you see? I feel like a fish out of water...
(Eduardo)

At this point, it is important to resume the topic regarding inclusion/exclusion of patients stigmatized due to their mental disorders who are discriminated against and excluded for being considered “lunatics.” It is observed that the coexistence occurs among those who were stigmatized and excluded, with difficulties reintegrating into society.⁽³²⁾

In this particular context, CAPS facilities play a very delicate role. On the one

hand, they integrate these people into a network of relationships that also contributes to their treatment. On the other hand, they often tend to be the only or one of the few spaces where the patients live, which may put the strengthening of community and familiar ties at risk, thus “enCAPSulating” and alienating patients from the outside world. Nonetheless, based on the data collected from the observations and interviews carried out during this study, it is important to highlight the positive aspects of these services in terms of re-establishing the bonds of trust and sociability through the relationships between the users of these services. The patients also highlight the quality of the relationships established with the professional staff, which seems to be a positive aspect of the treatment. This trust-based relationship seems to reduce the condition of helplessness that is faced by subjects who suffer from mental disorders.

However, during the interviews, it was possible to identify spaces in which men felt more or less comfortable. Such is the case of Johnny, who felt embarrassed for seeing himself as the only man present at the parent-teacher conference of his son. He felt out of place in this context, which is usually occupied by women. The same feeling of being out of place occurred in the mixed therapeutic groups at CAPS III-Adult, where Johnny felt uncomfortable with himself.

Soccer practice in psychosocial rehabilitation and possibilities of exercising masculinities

During the interviews and in the observations transcribed in the field journal that happened in the typical places with more or less male presence, where men feel more or less comfortable, there is evidence supporting the fact that playing soccer is of great importance for the socialization process of male patients at CAPS facilities. After all, the soccer workshop was the one with the largest number of men at CAPS III and the only one self-conducted by patients at CAPS-AD facilities. It was observed that the identification of these male

users with the psychosocial care services increased during the soccer workshop in both services.

According to our field journal, the soccer activity takes place every Wednesday morning at the CAPS III in a public soccer pitch, which takes a five-minute walk from the CAPS III, located in a big square that has other facilities, like a skate park. The workshop is conducted by a 34-year-old pharmacist. The field journal gives more details on the pharmacist:

In another opportunity, he told me he served in the military, that's why he gives so much importance to physical activity which not only benefits the mind and body, it also makes us feel calmer. He says he loves playing soccer any day of the week. (Field journal, August 8, 2017, CAPS III, Samabaia)

The researcher was part of the soccer workshop seven times during the data collection period. He noted that the participants of the soccer group are slightly younger than the rest of the patients at the CAPS facilities, between 20 and 25 years old.

It was also observed that young patients make jokes among themselves during the game. They socialize in a very relaxed manner.

The workshop coordinator gives the game a playful atmosphere, as he keeps it with a low level of competition. This seems to reduce anxiety connected with the performance of the patients and it promotes a greater level of sociability and more physical exercise. (Field journal, August 16, 2017, CAPS III, Samabaia)

At the CAPS III, the majority of the interviewees were invited to another interview during the soccer workshop that took place in a soccer pitch nearby. The five patients that attended the workshop stated they felt better and that the soccer workshop was contributing to their treatment. Such is the case of

Eduardo, who affirmed that it is necessary to do physical activity to feel more masculine. He also declared that playing soccer was positive for his treatment. Luis and Mauricio also described an improvement, especially regarding their own bodies. They said that they noted a decrease in the tremors and viral impregnation, both side effects of the use of psychiatric drugs.

After assessing the data collected from the interviews and the field journal, it was decided to place wider emphasis on the soccer workshop as it was deemed to have greater potential for community inclusion and sociability fostering among patients. Moreover, this sport practice is part of the symbolic universe of hegemonic subjectivity and it brings patients closer to the traditional masculinity model. In this particular context, given the hierarchy and the competitiveness that generally characterizes relationships among men, it is clear that conducting soccer workshops among patients makes them feel freer and more comfortable. This can be seen in the following testimonies:

Eduardo: Soccer, I believe it's good... I also play it at the Olympic Village...

Interviewer: What's the difference between playing here and playing in the Olympic Village?

Eduardo: The difference is that there you have the "standard society," there are normal people... and here you have more peers, more friends, you know? There (in the Olympic Village) I feel like a fish out of water.

Interviewer: Why do you feel that in the Olympic Village people look at you as if you were different?

Eduardo: The professor knows that I am... that I have a problem... my mother picks me up... when the soccer practice finishes, he asks: where is your mother, isn't she going to pick you up? (Eduardo) I play with the guys because they have problems just like me, I don't feel embarrassed when I'm with them. (Luis)

It is understood that the proposal of sociability is limited because it does not promote interaction with people from their own community. Instead, the interaction is only among patients, thus reifying the typical segregation of the "mentally ill."

However, this situation can also be interpreted from the perspective of the exercise of masculinity and its sociohistorical construction, considering that, as previously noted, the patients feel away from the socially required modality for being a man. Due to such marginalization of the ways of being a man, soccer can be seen in these patients as an affirmative practice as well as in the affirmation of the exercise of masculinity. Additionally, an excerpt of the field journal is presented below, followed by a brief analysis of the participant-observer:

The instructor proposes that the patients draw a uniform for the CAPS team, he suggests they can create a team logo and he also suggests scheduling a match with the team from the other CAPS facility in Samambaia, in this case, the CAPS-AD. After that, he told the guys he needed to show them a video on his cell phone. They all got close and the instructor played the Flamingo team anthem. Some of them complain and get annoyed. One of them says, while complaining, "Here we are fans of Curintia" [popular way of referring to the Corinthians soccer team]. Five participants sing along with Diógenes. I realize by feeling identified with an older man and being involved in the soccer culture, these guys receive a significant social reintegration. I believe that if they were in contact with guys with different mental sufferings, it would be harder for them to be accepted on a soccer team. I am still thinking about the happiness of Maurício [interviewed patient] when he scored a goal, as an exercise of his masculinity. (Field journal, September 9, 2017, CAPS III, Samambaia)

According to Gastaldo,⁽³³⁾ the soccer culture, including the game and the support for a team, is part of the male performance of Brazilian men. The author states this by highlighting the role of the game in identity construction:

Traditionally, participating in games, competitions, and challenges is a distinctive feature of the male gender in the most diverse cultures. From the tribal groups from around the world to the rural groups and in our modern urban society, a huge part of the meaning associated with “being a man” is related to the acceptance of the challenges created by other men.⁽³³⁾ [Own translation]

It was observed that proposing these challenges in an environment where patients with mental sufferings feel more secure leads to a reinforced masculinity and a feeling of prestige and inclusion. This feeling encourages positive sociability among men who, according to some of the interviewees, did not have favorable and inclusive experiences throughout their lives.

It is essential to delve into the study of the role that soccer has in the psychosocial rehabilitation of young men with mental suffering, taking into account the importance of soccer culture when building Brazilian men’s masculinity. It is also essential to discuss the possibility of using gender patterns as a way of saving their identity.⁽²⁵⁾

Of course, there is always the risk of reaffirming identity patterns that limit the exercise of masculinity to hegemonic models, which are based on the culture of manhood and competition. This interferes with the recognition and validation of marginalized and invisible masculinities, such as the masculinities exercised by men with mental disorders.

Despite this risk, both the field journal and the interviews served as verification of the positive nature of soccer practice as a self-affirmation and prestige activity that enables men to exercise a possible masculinity in a context in which these young men were initially excluded and/or marginalized.

Therefore, there is therapeutic potential when including the marginalized masculinities in the practices inherent in hegemonic masculinities.

Despite this potentiality, debates over gender patterns in the services being studied are not present and the impacts of the demands and ideas of the hegemonic models of masculinity in male mental health are not addressed. All the research studies that addressed soccer practice in a CAPS environment, which were used as a source for this study,^(16,18,19,20) did not discuss matters associated with gender and masculinities involved in these activities.

Moreover, it can be affirmed that services do not raise awareness of the transformations in the exercise of masculinity that result from mental disorders. Even at the CAPS-AD, where most of the patients are men, it was not possible to identify debates in any of the observed activities regarding what certainly is or what should be “masculine.” This confirms the findings of Zanello,⁽¹⁰⁾ who states that the mental health practices not only disregard gender issues in mental suffering experiences, but also reify gender inequalities that are invisible to the eyes of the services.

FINAL CONSIDERATIONS

The findings in this study show the potential of therapeutic soccer workshops in the psychosocial rehabilitation of men who are users of the CAPS facilities, taking social and cultural reintegration as starting points in an activity of great importance for the process of building both masculinity and what it means to be a man in Brazil. This reaffirms the exercise of a possible masculinity because these patients are marginalized in terms of the hegemonic masculinity model due to their mental suffering.

Additional actions are recommended to complement soccer therapeutic workshops, such as discussing the importance of this sport for the creation of subjectivity for male users and how men experience the exercise of their

masculinities after the soccer practice. This reflection was not observed in the practice of the service studied here or in the studied scientific literature used as a basis for this article.

The results show the importance of the CAPS facilities as aid spaces for the process of reconstructing the sociability of patients with mental disorders. In addition, the results also

highlight the need for creating receptive environments for men, which should be related to the processes of male subjectivity and which could be useful as reflection mechanisms for masculinity patterns by questioning how the hegemonic masculinity interferes and what effects are produced on men's mental health and welfare.

REFERENCES

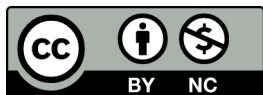
1. Figueiredo WS. Masculinidades e cuidado: diversidade e necessidades de saúde dos homens na atenção primária [Tese de Doutorado]. São Paulo: Faculdade de Medicina, Universidade de São Paulo; 2008.
2. Nascimento MAF. Desaprendendo o silêncio: Uma experiência de trabalho com grupos de homens autores de violência contra a mulher. [Dissertação de Mestrado]. Rio de Janeiro: Universidade do Estado do Rio de Janeiro; 2001.
3. Albuquerque FP, Santos Barros CR, Schraiber LB. Violência e sofrimento mental em homens na atenção primária a saúde. *Revista de Saúde Pública*, 2013;47(3):531-539.
4. Schraiber LB, Gomes R, Couto MT. Homens na pauta da saúde coletiva. *Ciência & Saúde Coletiva*. 2005;10(1):7-17.
5. Couto MT, Schraiber LB. Homens, Saúde e Violência: Novas questões de gênero no campo da Saúde Coletiva. In: Minayo MCS, Coimbra Junior CEA (Org.). *Críticas e atuantes: Ciências sociais e humanas em saúde na América Latina*. Rio de Janeiro: Fiocruz; 2005. p. 687-706.
6. Schraiber LB, Figueiredo WS, Gomes R, Couto MT, Pinheiro TF, Machin R, Silva GSN, Valença O. Necessidades de saúde e masculinidades: atenção primária no cuidado aos homens. *Cadernos de Saúde Pública*. 2010;26(5):961-970.
7. Couto MT, Pinheiro TF, Valença O, Machin R, Silva GSN, Gomes R, Schraiber LB, Figueiredo VS. O homem na atenção primária à saúde: discutindo (in)visibilidade a partir da perspectiva de gênero. *Interface – Comunicação, Saúde, Educação*. 2010;14(33):257-270.
8. Gomes R, Nascimento EF, Araújo FC. Por que os homens buscam menos os serviços de saúde do que as mulheres?: As explicações de homens com baixa escolaridade e homens com ensino superior. *Cadernos de Saúde Pública*. 2007;23(3):565-574.
9. Campos IO, Ramalho WM, Zanello V. Mental and gender health: The sociodemographic profile of patients in psychosocial attention center. *Estudos de Psicologia (Natal)*. 2017;22(1):68-77.
10. Zanello V, Fiuza G. Saúde mental e gênero: facetas gendradas do sofrimento psíquico. *Fractal, Revista de Psicologia*. 2015;27(3):238-246.
11. Amarante P. *Saúde mental e atenção psicossocial*. Rio de Janeiro: Editora Fiocruz; 2007.
12. Granja EMS. *Gênero, masculinidades e drogas: trilhas, obstáculos e atalhos nos caminhos para atenção integral aos homens jovens na saúde*. [Tese de Doutorado]. Rio de Janeiro: Instituto Nacional de Saúde da Mulher, da Criança e do Adolescente Fernandes Figueira; 2015.
13. Moraes MM. *Hombres, masculinidades y atención sanitaria en Brasil: una mirada de género sobre políticas públicas de reducción de daños*. [Tesis de Doctorado]. Barcelona: Universitat Autònoma de Barcelona; 2012.
14. Brasil, Ministério da Saúde. Portaria No. 854, de 22 de Agosto de 2012 [Internet]. 2012 [cited 10 Jan 2019]. Available from: <https://tinyurl.com/tulwyaj>.
15. Pádua FHP, Morais MLS. Oficinas expressivas: Uma inclusão de singularidades. *Psicologia USP*. 2010;21(2):457-478.
16. Adib LT, Fraga AB, Wachs F, Alves CTP. The body practices concerning mental health: A football workshop capabilities and possibilities in a Psychosocial Care Centre. *Pensar a Prática, Goiânia*. 2010;13(2):1-14.
17. Azevedo EB, Ferreira Filha MO. Práticas inclusivas na rede de atenção à saúde mental:

- entre dificuldades e facilidades. *Ciência & Saúde*. 2012;5(2):60-70.
18. Biffi D, Nasi C. Concepção dos usuários sobre as atividades terapêuticas desenvolvidas em um CAPS AD III. *Journal of Nursing UFPE On Line*. 2015;9(12):1057-1062.
19. Wachs F, Fraga AB. Educação física em centros de atenção psicossocial. *Revista Brasileira de Ciências do Esporte*. 2009;31(1):93-107.
20. Furtado RP, Azevedo MC, Neves RLR, Vieira PS. O trabalho do professor de educação física nos Caps de Goiânia: identificando as oficinas terapêuticas. *Revista Brasileira de Ciências do Esporte*. 2018;40(4):353-360.
21. Santos WTM. Modelos de masculinidade na percepção de jovens homens de baixa renda. *Barbarói*. 2007;(27):130-157.
22. Souza MA. Gênero e raça: a nação construída pelo futebol brasileiro. *Cadernos Pagu*. 1996;(6-7):109-152.
23. Denzin NK, Lincoln YS. Introduction: the discipline and practice of qualitative research. In: Denzin NK, Lincoln YS, (eds.). *Handbook of qualitative research*. London: Sage Publications; 2000. p. 1-29.
24. Deslandes SF, Gomes R. A pesquisa qualitativa em serviços de saúde: notas teóricas. In: Bosi MLM, Mercado FJ, (orgs.). *Pesquisa qualitativa de serviços de saúde*. Petrópolis: Editora Vozes; 2004. p. 99-120.
25. Zanello V. *Saúde mental, gênero e dispositivos: cultura e processos de subjetivação*. Curitiba: Appris; 2018.
26. Figueiredo WS, Schraiber LB. Concepções de gênero de homens usuários e profissionais de saúde de serviços de atenção primária e os possíveis impactos na saúde da população masculina, São Paulo, Brasil. *Ciência & Saúde Coletiva*. 2011;16(Suppl 1):935-944.
27. Thiollent MJM. *Crítica metodológica, investigação social e enquete operária*. São Paulo: Polis; 1982.
28. Wielewicz VH. A pesquisa etnográfica como construção discursiva. *Acta Scientiarum, Maringá*. 2001;23(1):27-32.
29. Maragno L, Goldbaum M, Gianini RJ, Novaes HMD, César CLG. Prevalência de transtornos mentais comuns em populações atendidas pelo Programa Saúde da Família (QUALIS) no Município de São Paulo, Brasil. *Cadernos de Saúde Pública*. 2006;22(8):1639-1648.
30. Figueiredo WS. Assistência a saúde dos homens: um desafio para os serviços de atenção primária. *Ciência & Saúde Coletiva*. 2005;10(1):105-109.
31. Arilha M, Ridenti SG, Unbehau MB (org.). *Homens e masculinidades: outras palavras*. São Paulo: Ecos, Editora 34; 1998.
32. Martinhago F, Oliveira WF. (Des)institucionalização: a percepção dos profissionais dos centros de atenção psicossocial de Santa Catarina, Brasil. *Saúde e Sociedade*. 2015;24(4):1273-1284.
33. Gastaldo E. "O complô da torcida": futebol e performance masculina em bares. *Horizontes Antropológicos*. 2005;11(24):107-123.

CITATION

Albuquerque FP, Schraiber LB. Masculinity and soccer: gender issues in a psychosocial rehabilitation experience with men in Brazil's Federal District. *Salud Colectiva*. 2020;16:e2247. doi: 10.18294/sc.2020.2247.

Received: 29 Mar 2019 | Modified: 22 Nov 2019 | Accepted: 20 Dec 2019 | Publication online: 17 Feb 2020.



Content is licensed under a Creative Commons Attribution — you must attribute the work in the manner specified by the author or licensor (but not in any way that suggests that they endorse you or your use of the work). Noncommercial — You may not use this work for commercial purposes.

<https://doi.org/10.18294/sc.2020.2247>

The translation of this article is part of an inter-departmental and inter-institutional collaboration including the Undergraduate Program in Sworn Translation Studies (English < > Spanish) and the Institute of Collective Health at the Universidad Nacional de Lanús and the Health Disparities Research Laboratory at the University of Denver. This article was translated by Julián Ortega and Brenda María Rourcke under the guidance of Mariela Santoro, reviewed by Rebekah Yohannes under the guidance of Julia Roncoroni, and prepared for publication by Vanesa Martínez under the guidance of Vanessa Di Cecco.