

## **Workshops of Sensitivity, Expressiveness and Creativity: A Path to Integrate Subjectivity and Reflection in Qualitative Research**

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**Abstract:** Nursing is a privileged space for expression of creative emotions, intuition and sensibility in private and subjective matters which may constitute the basis for the construction of research problems and for the process of generation of data in a qualitative investigation. The authors describe the production of a doctoral dissertation that used ethnographic methodology. The data were collected through workshops of sensibility, creativity and expressivity, which represent a space for reflection and action, in which the search is to explicate the reality where theory and practice merge. They are also a space of collective construction of knowledge with transforming power, capable of articulating the body of the participants as producer of subject and source in the research process. This tool reduces the asymmetry between researched and researchers and is in accordance with the presuppositions of ethnographic method once it makes it possible to learn and to experience with subjects studied, specially when they are nurses dealing with the same language and symbolic system, permitting the expression of subjectivity of both and their insertion in the research process. It also represents an alternative epistemological model, able to reveal the continuous interaction of the way of understanding the world and the way of being in this world as subject.

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## **1. Introduction**

Nursing is a privileged place for emotion, intuition, sensitivity and the private and subjective facts to assist in building research and data collection in a qualitative study. According to Florence NIGHTINGALE (1992), modern nursing has three pillars: science, art, and ideal. The construction of its knowledge incorporates and returns to a practice that uses feelings, creativity, sensibility, and sensuality. The care provided to the client implies facing pain, suffering, despair, life and death, living permeated with feelings and inter-subjectivity. In this sense, we share DEVEREUX (1977) and GAUTHIER's (1999) concept that subjectivity should be used systematically as a method and the anguish of the relation between nurse and client as elements and forms of knowledge. "Scientific research in nursing, rather than under-estimating practice (the reality of daily routine with its extreme

suffering and utopias) can use its specialty and the complexity of practice to develop a new concept of research" (CABRAL, 1998), seeking new paradigms, directions and languages" because its understanding goes beyond positivism, analytical and objective analysis (GAUTHIER, SANTOS, CABRAL, & TAVARES, 1998). [1]

This work describes the process of producing data for a Doctoral Thesis under the title "The Consacration of Flowers: a ritual to enchant women's bodies in health care" (SILVEIRA 2001; SILVEIRA, GUALDA, SOBRAL, & GARCIA, 2001). The objectives were to get to know the symbolism that nurses attribute to women they cared for and to identify the beliefs they attribute to the bodies, showing the sacred and profane aspects that lead to such beliefs. The research used as its theoretical framework the concepts of sacred and profane symbols, as understood by ELIADE (1996, 1998), and the data collection was carried out during the workshops of sensitivity, expressiveness and creativity, marked by the collective construction of knowledge and the incorporation of subjectivity and reflection. [2]

One of the starting points for the choice of the workshops as a strategy to produce data was the concern of the authors—nurses, teachers, researchers—in the relation established with the subjects researched, generally, and more specifically when these subjects are professional caregivers, when the data was collected for this research. In some papers the relation established during the research process occurs in an unequal way, with the unilateral gain for the researcher, very often, where those researched do not receive information on the results obtained from their participation in the study (SOBRAL, SILVEIRA, & TAVARES, 2002). [3]

The research was carried out in an effort to overcome "methodolatry," as denominated by JANESICK (1994) considering method as the apex of a research process, and to try to find a way of understanding reality, which can produce collective knowledge and to share moments of pleasure and joy, to receive some pain and suffering, with all those involved, breaking the painful route which usually makes up the research process for the researcher. To begin to collect data from workshops was a daring step, especially in nursing, where there is an "oversell of science" with an empiricist positivist approach (TINKLE & BEATON 1983). [4]

## **2. Theoretical and Conceptual Considerations**

The workshops arose in the wake of the international feminist movement by craftswomen of ideas and methodologies, as an alternative space for learning, analysis and political options on women's condition. They questioned the idea of body/object/machine in the practice of education and health, which has an impact on the health of the women, and ignorance about sexuality and their own bodies as devices of social control (CARNEIRO & AGOSTINI 1994). [5]

VIEZZER (1987) defined workshop as a time for reflection and action, in which the search to explain reality brings together theory and practice. SILVA (1997), reflecting on the implications resulting from the coming together of post-modern feminism and research for nurses, argues that research from feminist verve is emancipatory, because it is an instrument of distribution of knowledge and power. [6]

Besides the pedagogical instrument, the workshops are also instruments of knowledge: "a historical space of collective construction of transforming knowledge," where the "living experience of each participant in their individual and collective dimension is the thread of the weaving process" (CARNEIRO & AGOSTINI 1994). In this strategy of group dynamic, the foundation is the sharing of the personal background of the members of the group, given the fact that each background holds social and political facts, each individual story or case is also collective. [7]

In the space of workshops, the researchers and those researched are not in a vertical relation, dominated by the former (GAUTHIER, 1999). To research in this context is an act of reciprocity, of deconstruction of authority, political activism and an act of care and hope by emerging from a relationship of exchange and intimacy between the subjects involved in the process (SILVA, 1997). [8]

A workshop is capable of providing the conditions to articulate the body of the participants as producers of subjectivity and a source in the process of knowledge because it uses the body techniques (dance, theater, singing relaxation) and therefore, the participants can express their vision about certain theme or question. Moreover, "body is not considered in the workshops as only a 'body of memories' (...) it is a body of pieces of knowledge" (CARNEIRO & AGOSTINI 1994)—while at the same time providing an effective participation of the researchers in the process of producing data, breaking the inequality, involving a group and the coordinators in a relation of trust and informality. [9]

Such a relation is in harmony with the use of ethnography, because, for GUALDA, MERIGHI, and JUNQUEIRA (1995), this method makes it possible for the researcher to learn and experiment with the people studied in their natural environment, a promising relationship, especially when the coordinators/researchers and the subjects of the research/participants of the workshop are nurses, dealing with the same language and the same symbolic system. [10]

The establishment of the identity in the environment is one of the steps of the fieldwork in anthropology, blending subjectivity and objectivity, adventure and work, romanticism and pragmatism. More than observation, the workshop allows the researchers a living experience, making it possible to have a radical self-transformation, a true initiation ritual, a kind of "conversion" (PEACOCK 1997). [11]

From the point of view of the building of knowledge, the workshops are inserted in alternative epistemological models, characterized as those that can reveal a

continuous interaction between the way the world is understood and how one is as a person. Reconstructing knowledge and reconstructing oneself as inseparable. This model necessarily involves emotion as a vital part of the development of knowledge, widening understanding through the incorporation of the epistemic advantage demanded by women (WILSHIRE 1997). [12]

SILVEIRA and GARCIA (1997, 1998) reports ratify the workshop as a privilege for the understanding of nursing phenomena in the sphere of research. This often translates into the possibility of sensitive reflection and creative action on the professional practice of nurses. They also corroborate the possibility of caring for the researcher and those being researched. [13]

As a strategy to produce data, the workshops include a method which implies some aspects of qualitative research, especially when working with groups, which includes: a combination of different devices or procedures to collect data, a dialogic dialectic relation between researcher and subjects of the research, overcoming the limits imposed by the instruments and consolidated procedures that exclusively exploit the rationality of the researcher and the subjects of the research, making possible the validation of data in the workshop context and maintaining the uniqueness of each participant that collectivizes their experiences (GAUTHIER, 1999; GAUTHIER et al. 1998). [14]

The workshops are a new way of conducting research, not only because they use techniques which are different from those usually used in qualitative studies, as with interviews, but they bring another way of structuring knowledge, reflection and action (SILVEIRA & LIMA, 2001). [15]

Holding a workshop as we did (SILVEIRA & LIMA, 2001; COELHO, 2001), is meticulous work, which requires prior preparation. The greatest importance must be given to its structure which has to articulate the group dynamics strategies to be used, the objectives and the research problem, and yet maintain coherence between the themes, so as to contemplate objective and subjective aspects of individual and collective experiences. However, the researcher must understand that the secret of the workshop is flexibility, because the profile of the group and its interaction must be considered. This means that the researcher must be experienced in running group work, knowing how to manage dynamics, but he/she must also be able to detect the moments lived by the group and how to administer them, providing the support necessary for the collective research experience. However small the group to be researched, there must be at least two people running the workshop, which allows for better monitoring, care and attention to the group, provision of materials, for recording of images and sounds, for carrying out administrative tasks. [16]

Schematically, the running of a workshop involves the following events: the introduction of researchers and group members, presentation of the objectives, stating expectations, contract for group experience, corporal activities, artistic activities, group dynamic of the workshop to explore the theme and evidence,

wide debate, articulating individual experience with the collective process, a synthesis of what was discussed and evaluation. [17]

In Brazilian nursing, research results are reported in which the data were collected in the form of workshop as in the doctoral theses by SANTOS (1997), CAVALCANTI (1998), TAVARES (1998) and COELHO (1998). These theses are, among others, based on the pioneer work by GAUTHIER (1999) and the liberating pedagogy of Paulo FREIRE (1997). The results of these studies lead to the argument that the workshop technique is different from other techniques because of the following characteristics:

- The subjects researched collectively construct, appropriate and validate knowledge.
- It is a democratic pedagogy, with a political dimension, intended to develop and strengthen citizenship, sharing power between the researchers and those researched.
- In the construction of knowledge, the members of the group (including the researcher) help themselves to understand the world through other voices.
- There is the "production of data" by the group and not only "data collection" by the researcher.
- The group itself attributes meaning to that which it produces, avoiding the problems of interpretations and projections by the researcher.
- The workshop is a technique that allows for the unexpected brought in by the members of the group.
- Recovering of the dominated cultures, the categories and concepts they produce.
- Statement of the importance of the body in the construction of knowledge, the imaginary and abstractions.
- Incorporation of artistic type creativity in the construction of knowledge making possible the meeting between science and art.
- Permits the immediate reflection on the professional practice of group members, with the possibility of changes in the daily routine, because they theorize practice and practice theory.
- In the sphere of the workshop, the researcher is seen as a social subject for whom scientific research represents an occurrence linked to her life and history. The pseudo-neutrality of the scientist is, in this way, deconstructed.
- It makes possible effective and concrete care of the subjects researched. [18]

Given this evidence, the workshop is seen as a device to produce data and a possibility, an attempt, among other things, to answer questions of researchers on the social-political meaning of the production of knowledge (GAUTHIER, 1999). [19]

Although there are some advantages made possible by the uniqueness mentioned above, workshops can be difficult to carry out if they are not well

administered and can become a problem to the researcher. Workshops require time for preparation, running and there are measures to be taken after they have been held. They require a suitable environment (with adequate privacy, lighting and ventilation, and toilets nearby), not always available at sites used by researchers. Normally setting up such an infrastructure requires the acquisition of various materials and equipment, together with the need to make available elements for artistic activities and food for the group, which means an additional financial cost in the production of data (SILVEIRA & LIMA, 2001). [20]

Another difficulty is the quantity of data provided by a workshop. The data is disorganized, dispersed, often camouflaged because it does not follow a predetermined outline, as in a structured interview or a questionnaire, for example, but the material arises from the multiple expressivity of the sensibility of the participants. As a result of this, there is a long and exhausting work of collecting data that are considered more relevant to answer the research questions and reach the defined objectives (SILVEIRA & LIMA, 2001). [21]

With regard to the group, when it is heterogeneous, there is the need to adapt the dynamics to include the age groups, schooling, areas of interest or work, gender and origin (rural or urban areas) of the participants. Another factor has to do with the resistance of some members of the group in participating in the activities where there is the chance of exposure of feelings, emotions and conflicts. [22]

However, these difficulties can be avoided or overcome with the suitable training of the researcher. This implies that the researcher must have had training herself, have lived through the process as a participant of a group; she must ensure that there is a team in place to support the infrastructure and a pilot study is carried out before the actual workshop in order to identify and correct potential problems and difficult situations (SILVEIRA & LIMA, 2001). [23]

### **3. Objective**

To reflect on workshops of sensibility, expressiveness and creativity as a strategy to produce data for research, making it possible to incorporate subjectivity and expressiveness of the subjects researched into the produced knowledge. [24]

### **4. Methodology**

The study was carried out using the ethnographic method, based on the work of CAVALCANTI (1998), which proved itself to be suitable to link this method with the workshop technique. Especially in Brazilian nursing, with the plurality of cultures that make up the society, the complexity of the practice of nursing and ways of caring in different social-cultural paradigms, it means that the research must have as its references a method capable of dealing with the interpretations of the health/disease process. Also, the object of study—the concept of body held by nurses—is an agent and a metaphor of culture (DOUGLAS, 1987). [25]

The data was produced/collected in workshops of sensitivity, expressiveness and creativity. The workshops were an extension course "The day-to-day of caring for women: routines and transcendence," lasting 20 hours was held in April 2000 in the Assis Chateaubriand Art Museum in Campina Grande, State of Paraíba, Brazil. [26]

Ten nurses participated in the workshops, these were nurses who provide care to women in their professional routine in health institutions in this city and who voluntarily joined the course and the research. This research project followed the ethical guideline setup by the Brazilian Legislation for Research with Human Beings (Resolution 196/96) which regulates research involving human beings in Brazil. All nurses agreed to participate in the research by signing the informed consent. [27]

The nurses in the study were between the ages of 29 and 61, having graduated between 5 and 23 years ago and represented the following fields: a municipal service of full care to women's health (2), Family Helper Program (4), Family Planning service (1) and Adolescent Mother Care Program (1), (the two latter, linked to a teaching hospital), a private maternity Hospital (1) and an Intensive Care Unit (1), also private. They chose for their identification in the results, the names of flowers: Orchid, Dahlia, *Carinho-de-mãe*, Geranium, Lily, Jasmine, Tulip, Daisy, Violet and Carnation. [28]

A pilot test was run by a group of nursing teachers to check if the activities proposed for the workshop would raise issues suited to the objectives of the research project; to evaluate the generation of data necessary for the analysis and interpretation of the results, to verify if there was an internal coherence between the themes and the dynamics that would compose each workshop, so as to consider objective and subjective aspects of the individual and collective experiences of the group; to evaluate the time and material necessary for the operation of the dynamics and the space available. [29]

After carrying out the adjustments considered necessary, three workshops were carried out for the production/collection of data, which received the following names: 1) visualizing the nurses' body in care; 2) symbolizing the body of the woman cared for; 3) finalizing the party, identifying sacred and profane aspects of the body of the women being cared for. [30]

Each workshop had an average duration of 5 hours and had the following phases: 1) presentation of the facilitators/researchers, the objectives of the meetings and the participants of the group; 2) relaxation, group dynamics which focus on the research problem, present individual and/or subgroup work and to collectivize the experiences and reflections; and 3) summarize the themes and concepts produced by the group and evaluate the activity. [31]

During the workshops, a variety of artistic techniques and group dynamics was adopted in order to encourage creativity and sensitivity, the products of which

(collage, models, drama) were the bases of collective reflection, equally involving coordinators and participants. [32]

The recording of data was obtained through photographs, recordings on cassette tapes and videotapes, after getting the written consent from the nurses, and recording in a log, the content of which was drawn from participant observation carried out by the researchers in the workshop activities. [33]

A fourth workshop was held two weeks after the members of the group received a full transcript of the tapes for validation of what was produced by the group and for the nurses to express that they in fact authorized for the publication in the thesis. In this way, the informed consent was more than a bureaucratic instrument, but an expression of the will of the participants. [34]

The data generated by the group was analyzed and interpreted based on the interpretive theory of RICOEUR (1976), seeking the transverseness contained in the discourses and materials produced in the dynamics, in the configuration of collective identity. The format chosen for the presentation of the data and of the nurses' discourses was narrative, since it was an active, constructive process, where the social and cultural context informs the form (MATTINGALY & GARRO, 1997). [35]

## 5. Results

To speak of the experiences lived with this methodology is to speak of the possibility of the encounter. This is only possible through ethical behavior, understood as respect to the diversity of concepts about life, work, the relations between unique subjects. To listen to the other, to empathize, to collectivize the individual experiences and outlooks, to seek responses and paths, between the obvious and the unexpected, between comings and goings, were the basic principles in this strategy that sustained the creative game of those that planned it, of those that coordinated its execution and those that chose to take part in it. [36]

The act of caring for the group in the research, in the context in which we placed it, referred to the concrete care of the caregivers, in the sense of receiving and stimulating self-esteem, providing a welcoming, comfortable ludic environment, providing food, carrying out activities that included sensitive reflection, affective exchanges, exercises of relaxation, dance and song, expressions of pouring out their troubles, dissatisfaction, and complaints (SILVEIRA & LIMA, 2001; SILVEIRA et al. 2001). [37]

In order for this to be possible, we made the physical space of the room where the workshops took place into an environment which included fans, mattresses, sheets, curtains, decoration with natural flowers, plants and sound system, which created a surprise when the nurses arrived, as expressed in the question by Daisy:

*"Is this where the course is going to be? What are you going to do to us?"* [38]

To this question, Dahlia answered:

*"It can only be something good."* [39]

The understanding of the workshop/course as a meeting place where everybody is equal gives the group the feeling of receptiveness. The unique little gestures which are brought about by the researcher and those being researched: woman—subject, of a privileged space where subjective thought is present (COELHO, 2001). [40]

In this experience, one of the possibilities of celebration as a form of reception and care was creating a mural of memoirs. The mural, an important space in the environment of the researched group, is where the discourses, photographs, important phrases are recorded: any fragment that the group built conferred meaning to and was an expression of affection. Such a strategy is based on the understanding of NORA (1984) that memoir is something which welds the collective. [41]

A soundtrack was an assistant at the time of sensitive reflection, informality and relaxation. Edited cassette tapes and CDs were used for this, with songs linked to the theme—body and women. The music helped to set the tone, introduce issues, record emotions, register recordings, express feelings, knowledge, as, for example, when the group presented a symbol to represent the cared-for woman's body and began a performance with the participants singing a song. The soundtrack was also important to encourage the body expression of the nurses through dance—a form of physical exercise, leisure and integration of the group. We asked the participants to come in, take off their shoes, sit on the mattresses during the workshops in order to break the standard rational behavior of remaining seated in a conventional learning discussion position, where priority is given to content of the seminar rather than the environment. [42]

For the introduction of the nurses, we set up a luncheon with tropical fruits, as a way of integrating, while providing a light and natural meal to professionals who because of their excessive work do not eat meals necessary for adequate nutrition. A snack in each meeting went beyond the flavor of the food, meaning moments of socialization and exchange in which affection was symbolized, expressed and represented as defined by Geranium:

*"This is really fellowship!"* [43]

It was a ritual of offerings between participants, moments of caring, pleasure and attention in which needs could be perceived and satisfied. [44]

Our experience in running workshops with very different groups has proven that at the beginning of the program there is an opportunity for the participants to talk about themselves, see and feel themselves as being accepted by the group. Therefore, although the objectives referred to the concepts and beliefs of nurses about the body of women they care for, we began a process of producing data in

a workshop, in which the participants discussed and reflected about their body in the act of caring for women, and only in the later two workshops did we cover the themes of the thesis itself. [45]

Because this type of strategy brings to the surface subjectivity and the expression of feelings, emotions, personal and professional conflicts, we established a "contract" with the participants, in which all of them agreed to keep a secret of everything that happened during the workshop experience, as a way of assuring mutual trust and respect, and meet the ethical precepts of the research. [46]

The relaxation sessions at each of the meetings had the purpose, besides relaxing and resting the body of the nurses, a "switching off" from that which was external, at that moment, to the workshop. As confirmed by GAUTHIER (1999), it made it possible that memories, beliefs and emotions could emerge, incorporating subjective issues and informing objective aspects of the theme that was worked on, from personal history and the experience of professional routine. This practice at the beginning of each meeting generated an expectation in Orchid:

*"Today I was having lunch and I thought: 'What a good thing that I am going to relax this afternoon. It has been so long since I had time for that'." [47]*

This is a strategy indicated by HOGA (1998) as an incentive to the self-care of the caregiver, together with support measures, such as group sensibility work, providing opportunities to express anguish and suffering, as in Carnation's discourse:

*"... The more you are in a group, the more you grow and you mature much more ..."* [48]

The discovery of the symbolism nurses attribute to the women they cared for had value and meaning attached to it. In order to reach the objective of identifying what symbolism the nurses attribute to the body of the women they cared for, a table was set up and objects were displayed related to contemporary woman, material for technical procedures of nursing and objects and materials belonging to the feminine archetypes according to ELIADE (1996) as earth, water, pearls and so on. So as to contemplate the various facets of the female body and open a range of possibilities for the choice and expression of the nurses. [49]

After running the three stages—individual choices, subgroup choice and the selection of an object by the whole group—the nurses chose a red rose to be the symbol. They explained their choice, in Orchid's words:

*"We decided for the rose for the life it shows, the maternity ... the sensuality, the sexuality ... the image of caress, donation, the lovingness it has, the love, the touch, the warmth. We also chose the rose because of the simplicity of woman ... there is a lot of beauty; for the sensibility ... by the color of women, mainly Brazilian women." [50]*

When choosing the red rose, the nurses symbolized the body of the woman cared for as another living being which, as with the body, suffers transformations, modifies itself, where there is room for a touch, where it is possible to provide nursing care, which finds resonance in the affirmation that "everything that is, everything that is alive and creative ... is expressed by plant symbols. [51]

To use symbols to understand how is the body of the woman they cared for enabled the nurses to reveal hidden aspects of this body, giving it value, making it significant (ELIADE, 1996,1998; WILSHIRE, 1997), revealing the symbolism the body incarnates and activating the focus of the universal matrix of archetypes that can enrich imagination and bring out the creativity of the nurses so they can see the rich soil on which they can walk, making nursing care a creative, sensitive, sensuous, enjoyable practice, producing subjectivity, making possible another center, not that of disease, around which nursing can gravitate (SILVEIRA, 2000). [52]

In order to translate and bring out the beliefs of nurses about the body of the women they cared for, through pointing out profane and sacred aspects of this body in an Elydian approach, we used the approach that one can always find metaphors for the body. ORTEGA Y GASSET's (1967) metaphor of forest was the appropriate form (KUJAWSKI, 1994) in which the concepts of sacred and profane could be approached by the nurses, getting away from the explicit use of these concepts, which evoked the already crystallized common sense of the Judeo-Christian expression of exclusion of such terms (SILVEIRA, GUALDA, SOBRAL, & GARCIA, 2000). To build on the forest metaphor, the author uses the German proverb that "the trees don't allow one to see the woods." In the metaphor, the trees are equivalent to that which is patent (things which are visible, apparent—the profane). The forest refers to that which is latent (that which cannot be seen, but is ingrained positively behind the patent things)—the sacred. The latent (sacred) consists of possibilities that are endless. In this way, the nurses were able to expose on two panels—one on the tree dimension of woman's body, the other one on the forest dimension of this body—what are the patent/profane and latent/sacred aspects they identified in the body of the woman they cared for. [53]

Pointing to the patent/profane aspects—the trees—we notice that the nurses focused on this dimension as a place to carry out technical procedures, where the body is seen as passive, needy, always demanding unilateral action by nursing to supply its needs, a relation of donation and dependence, which makes woman, in spite of receiving all, want more, as Violet said:

*"... she is exposed to be cared for, the necessary procedures to be done. She needs everything; all you do is not enough; she wants more attention, care." [54]*

The nurses also highlighted the profane, patent and immediate aspects of the body, caring in a practice based on the biomedical model, together with the norms and routines that shape care and have made it difficult for nursing to see/recognize the latent, the sacred of all the possibilities that the body is a

source and support. However, in the dialectic process of identifying patent/profane aspects of the body of the women they cared for, the nurses outlined that the tree does not stand alone, but transcends, and its relation to the sacred is not one of opposition, but of including polarity, because they are part of the same reality, the body of the woman being cared for. [55]

While pointing to sacred/latent aspects—the forest—however, the nurses showed that various possibilities, besides caring for the pathologies and complaints of woman, are present, although they do not feel capable of seeing and caring for this dimension as it would be necessary and as the woman they care for would in fact like it to be. [56]

In the forest dimension of the woman being cared for, the flowers emphasized an alliance with life, highlighting the body as dynamic, in a constant movement of change and transformation. Although subject to a process of desacralization to which modern Western culture has been submitted, nature remains in the imaginary of the flower as traces of an archaic cosmo-biological principles in which woman's body is the expression, on a microcosmic scale, of the fertility of earth and of nature a representation of the world, valued, symbolic and sacred. Geranium expressed it, while describing the sacred aspects she identifies in the body of the woman cared for by her:

*"In the forest, first I place Mother Nature, symbolizing the forest, nature, the unknown ... Everything there is to be discovered I symbolized in this star. Everything yet to be reached, I put that it is a change in life. Then, life is what leads to changes and for this we need to be hand in hand with life, we need to want, change, transform, do."* [57]

The latency of the forest metaphor made it possible that by looking at woman's body, the flowers saw and moved to an evaluation of their relation with the woman cared for, their performances as professionals and their personal/professional/institutional limitations. This was possible due to the return to sensitivity that the metaphor provoked, having, therefore, more like an ornament of discourse, as RICOEUR (1976) had foreseen. [58]

When carrying out the identification of the sacred aspects the body of the woman being cared for, the nurses transcended the vision of the body as an object, since they found something new and unusual. Seeing woman's body as a vehicle of sacred aspects—a manifestation of the sacred—they conferred symbolism to it. [59]

## **6. Conclusion**

The workshops which had, initially, the objective of producing data for research, brought the researchers and researched closer, reducing asymmetry among them allowing the encounter between people with different role to be treated as women caregivers. The device to produce data put us in a horizontal relation, in which hierarchy was excluded. We never felt more equal! In fact, bread and wine were shared. [60]

The use of the workshops as a strategy to produce data made it possible to care for the caregiver and extrapolate the emergence of the beliefs of nurses about the body of the woman they cared for, providing the participants with moments of self-care, self-evaluation, confrontation with theory in professional training, articulation of their own lives with the care given to women, the possibility of advancing in building a daily routine permeated with compassion, solidarity and humanity. As we see it, this was possible because the care givers were cared for, comforted, received, heard, fed, and met in the collective, because common experience was the vector of creation, providing the development of trust, respect, in a methodological approach that was able to sew together new forms of solidarity in self-care in the sphere of the research. [61]

In order to widen and sediment the discovery of perceiving the pleasure of caring for women and the capacity of breaking their routine, the nurses asked for more workshops, which has been done once each semester. [62]

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