

APPROACHES TO PLAYING IN UNDERGRADUATE COURSES IN THE FIELD OF HEALTH: PHYSICAL EDUCATION, PHYSICAL THERAPY AND OCCUPATIONAL THERAPY

ABORDAGENS DO BRINCAR EM CURSOS DE GRADUAÇÃO NA ÁREA DA SAÚDE: EDUCAÇÃO FÍSICA, FISIOTERAPIA E TERAPIA OCUPACIONAL

ENFOQUES DEL JUEGO EN CURSOS DE GRADO EN EL ÁREA DE LA SALUD: EDUCACIÓN FÍSICA, FISIOTERAPIA Y TERAPIA OCUPACIONAL

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Keywords:

Play and playthings.
Physical Education.
Physical
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Occupational
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Abstract: This research aimed to understand how playing is approached in Physical Education, Physical Therapy and Occupational Therapy undergraduate courses at UFMG. Bibliographic and document research was conducted. In Physical Education, playing is seen as a human language and based on its contributions to human development, learning and sports training. In Physical Therapy there is therapeutic bias, strictly focused on rehabilitation, and playing is only a tool used a few times. Occupational therapy sees playing as an activity, as human occupation, as well as a medical/therapeutic medium.

Palavras chave:

Jogos e brinquedos.
Educação Física.
Fisioterapia.
Terapia
Ocupacional.

Resumo: Esta pesquisa teve como objetivo compreender de que maneira o brincar é abordado nos cursos de graduação em Educação Física, Fisioterapia e Terapia Ocupacional da UFMG. Foram realizadas pesquisas bibliográfica e documental. Para a Educação Física, o brincar é observado como linguagem humana e a partir de suas contribuições para a formação humana e para o aprendizado e treinamento de modalidades esportivas. Já na Fisioterapia há um viés terapêutico, voltado para reabilitação, em que o brincar é tratado como ferramenta utilizada em alguns momentos do tratamento fisioterápico. A Terapia Ocupacional considera o brincar como atividade, ocupação humana, além de meio médico/terapêutico.

Palabras clave:

Juegos y juguetes.
Educación Física.
Fisioterapia.
Terapia
Ocupacional.

Resumen: Esta investigación tuvo como objetivo comprender de qué manera es abordado el juego en los cursos de Educación Física, Fisioterapia y Terapia Ocupacional de la UFMG. Se ha realizado una investigación bibliográfica y documental. Para la Educación Física el juego es observado como lenguaje humano y a partir de sus contribuciones para la formación humana y para el aprendizaje y entrenamiento en modalidades deportivas. En la Fisioterapia es posible percibir un matiz terapéutico, enfocado en la rehabilitación, donde el jugar es tratado como herramienta que es utilizada en algunos momentos del tratamiento de fisioterapia. A su vez, la Terapia Ocupacional, más allá de los medios médicos/terapéuticos, es un área que también se ha vinculado al juego y a la ludicidad, en cuanto actividades y ocupaciones humanas.

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1 INTRODUCTION

Playing is one of the most important ways for humans to relate to the world, grasp it and understand it, and it takes on different facets throughout life. According to Pereira (2005), a world of possibilities, readings, choices, of rules shared, announced and interpreted by those who play is opened through this symbolic dialog. Playing reveals that in games, one coexists with people who do not live and do not act in the same way but participate in the same lived socio-cultural construction process. Therefore, “acknowledgement of plurality, that is, the diversity of recreational experiences, opens an important educational avenue to understand differences between subjects” (PINTO, 2007, p. 180).

For several authors (such as DEBORTOLI, 1999; GOMES, 2004; PEREIRA, 2005), playfulness is a form of language, i. e., a way for human beings to express themselves, based on playing and games. According to Debortoli (1999) playing, games and playful gestures are possibilities for expression, representation, re-signification, and re-interpretation of and in culture. The author explains that playfulness is the ability to play with reality. “That is why playful language or playful gestures are the expression of the creative subject who is able to re-signify the world or even change it” (DEBORTOLI, 1999, p. 115).

Just as other possibilities of human experience, playing can be seen as a tool or as expression (PEREIRA, 2005). Therefore, we play for the sake of playing, we play to learn, we play to “heal”. Thus, playing has been appreciated and used as a powerful tool. Several intervention fields such as Pedagogy, Psychology, Physical Education, Physical Therapy and Occupational Therapy often resort to it in everyday professional practices.

As shown by Pereira (2005), any object can become a toy. There is no playful artifact; rather, there is a playful relationship that each individual can establish with other people and objects. For all that, playing and games as well as their uses and meanings become the subjects of debates, interventions and academic studies in distinct fields of knowledge. Physical Education, Physical Therapy and Occupational Therapy and other areas already mentioned often address playing in their curricula.

Given these initial considerations, this article aims to understand how the subject of playing is addressed in teaching at undergraduate courses in Physical Education, Physical Therapy and Occupational Therapy at the **School of Physical Education, Physical Therapy and Occupational Therapy** (*Escola de Educação Física, Fisioterapia e Terapia Ocupacional*, EEFFTO) UFMG.

2 METHODOLOGY

This qualitative research combined literature and document research. The former was conducted mainly in books, but it also used articles, theses and dissertations, among other sources. Document research was based on analysis of political-pedagogical projects of the schools and discipline syllabi requested to their boards and departments.

Being part of EEFFTO was defined as an inclusion criterion for graduate courses. That is a UFMG institutional unit that has Brazil's only Master's and PhD courses in Leisure. Such courses have produced knowledge about playing, among other subjects relevant to the field of Leisure in Brazil.

Then, we analyzed each discipline's name, syllabus, content, objectives and references, as well as other relevant information. Searches focused on terms such as **play**, **toy(s)**, **playfulness** and **game(s)** (respectively *brincar*, *brincadeira(s)*, *brinquedo(s)*, *lúdico(a)* and *jogo(s)* in Portuguese).

In order to better understand the inclusion of the subject in the curricula of the three courses, the selected documents were analyzed in the light of theories and concepts presented during literature research through **iterative construction of an explanation**. This strategy is part of the model of qualitative content analysis proposed by Laville and Dionne (1999). According to the authors, qualitative content analysis allows researchers to focus on

meaning nuances that exist between these units and logical links between them [...] since the significance of a content resides largely in the specificity of each of its elements and the relationship between them – and that specificity often escapes the measurable domain (LAVILLE; DIONNE, 1999, p 227.).

As shown by Foucault (2006), one of the ways for power to establish itself and operate is by production, accumulation, circulation and functioning of the discourse that produces and reproduces it. Thus, the curriculum builds identities and subjectivities. By addressing and teaching a particular subject – a biomedical content – as well by excluding that knowledge, an individual is expected to be re-formed. In curricula, especially those of professional training, interests, perspectives and attitudes can be shaped. “Together with school subjects’ contents, perceptions, dispositions and values are acquired in school and guide behavior and structure personalities” (PARAÍSO; SANTOS, 1996, p. 35).

3 RESULTS AND DISCUSSION

The following table shows, in alphabetical order, all subjects of each department whose syllabi include some of the terms used as search criteria and therefore were selected. Thus, we found 17 subjects with topics related to playing that were taught in the curricula of the three courses studied.

Table 1 – Disciplines selected by Department/Course and terms found

SPORTS/PHYSICAL EDUCATION DEPARTMENT	TERM FOUND
Anthropology and Physical Education	Playful
Gymnastics	Playful games
Handball Teaching	Game; playing
Theory and practice of sports I	Game
Theory and practice of sports II	Game
Volleyball teaching	Game
DEPARTMENT OF PHYSICAL EDUCATION/PHYSICAL EDUCATION	TERM FOUND
Affective and social issue of Physical Education	Playing
Teaching games, toys and games	Games; toys
DEPARTMENT OF PHYSICAL THERAPY/PHYSICAL THERAPY	TERM FOUND
Movement and Human Development II	Toy; games
Physical Therapy applied to Pediatrics II	Playing; games
DEPARTMENT OF OCCUPATIONAL THERAPY/OCCUPATIONAL THERAPY	TERM FOUND
Activity and human development I	Playing; toys; games

Activity and Human Development II	Playful activities; games; games
Theory of Games	Playing
Kinesiotherapy – Occupational Therapy	Playing
Occupational therapy applied to mental health and psychiatry	Toy; game
Therapeutic Resources I	Toys
Therapeutic Resources II	Games

Source: Authors

From the school of Physical Education, considering the two existing departments – Department of Physical Education and Department of Sports – 65 discipline syllabi were obtained and eight were selected for analysis, since most did not include the research's core topics.

In the analysis of those eight syllabi, we found that the term *jogo* (Portuguese for game) is often used as a synonym for sports or teaching and practice of a given sport. The “objectives” described in the syllabi of six disciplines of the Department of Sports are related to teaching of sports and oriented to the training processes of those sports, thereby emphasizing technical, tactical and psychological aspects of sports games. This is clear, for example, in descriptions, objectives and content of the syllabi that focus on teaching technical and tactical aspects of sports through “games” and other activities considered “playful” (PINHEIRO, 2009).

In one discipline called “Teaching games and play” the term *jogo* is treated as synonymous with *brincadeira* (play) and playing is seen as an object of study and intervention in a sociocultural perspective that is typical of it.

Debortoli (2004, p. 20) states that every play is always a game, in the sense of building, establishing and sharing certain rules, as tacit as they might be, and a collective dynamic of significance. However, not every game is play. “Not all games are expressed as possibilities for reconstructing and reinterpreting reality”.

The terms **playful**, **game** or **playing**, in turn, are apparently used as motivational, pleasurable elements to minimize the dull character of repetitive exercises for learning and practicing. This is clear in expressions present in the “contents” of the discipline such as “playing and learning handball” (Handball Education), or “warm-up playful games” (Gymnastics). According to Debortoli (2004), pedagogical games are those that strive to give a more pleasant tone to what is to be taught. That discourse carries the paradox that what there is to be done, known and learned is so monotonous that it needs another guise to become more enjoyable.

Therefore, the topic of **playing** has interfaces with other topics such as sports teaching, practice and training. Although playing appears as the main content only in one discipline, there are many possibilities for integrating it into the syllabi of those disciplines, and it can be developed in many ways and contexts. These disciplines deal with more specific topics such as sports, but are related to playfulness, playing, toys and games, fun, etc. However, Debortoli (2004, p. 20) states that terms such as playing and game are more than mere concepts; they “materialize as deeply complex conceptions and principles”. Therefore, it is necessary to pay attention to the use made of such concepts and activities.

Some current discourses transform playing, play and game in artifacts to reproduce structures, standardized for future behaviors. In an attempt to give importance to playing, what

is considered relevant is taken as a reference. For example, high performance sport or work, science, knowledges such as mathematics, reading and writing, or even disciplined behaviors seen as appropriate. According to the author, the game as a principle and view remind of richness, diversity and multiple ways of making meaning, history and humanity.

Thus, Physical Education as a field to discuss playing has allowed addressing this issue specifically and also through related topics.

In turn, the board of the UFMG's Physical Therapy undergraduate school sent the complete syllabi of 52 disciplines, both mandatory and elective. However, as seen in Table 1, only two disciplines included playing and game in their "syllabus content" – both seen as therapeutic resources for pediatrics. The idea of playing included in the syllabi is related to disorders to be treated by such activities, considered, in a limited way, "typical of children", as pointed out in the syllabus of the discipline called "Physical Therapy applied to Pediatrics II".

Pereira (2005) shows that games assist in human beings' constitution regardless of their age. While playing reminds us of childhood and can be expressed in/by children in its most genuine forms, game is not something typical or exclusive of children. It is part of human needs to explore the world symbolically, leveraging distinct representations of the real and constructions of reality.

Although several authors¹ in different fields of knowledge such as Psychology, Occupational Therapy and Physical itself work with playing and games as an observable behavior, some considerations must be made. From that perspective, playing might cease to be used as a source of creation and production of the world and start to be considered from attitudes, and standardized and expected behaviors. Thus, in therapeutic practice playing may risk losing an important part of its symbolic dimension, of its expression as "language and process of elaboration of significances and collective meanings contextualized and rooted in the social universe that legitimizes it" (DEBORTOLI, 2004, p. 20).

Physical Therapy's therapeutic practice could be constantly revisited in order to humanize it, as shown by Blascovi-Assisi, Peixoto and Reis (2001). However, one of the barriers it faces is overappreciation of contents considered therapeutic in undergraduate courses, not only of Physical Therapy, but in health care in general, based on a limited conception of health. The need to maintain the population's health and welfare where health becomes everyone's aim and the duty of each individual gave sudden importance to medicine (FOUCAULT, 2006) and later to areas that were born under medical influence.

Thus, we can observe the healing and rehabilitating nature of the training of those professionals. In the context of Physical Therapy, that is in accordance with the current legislation governing the area both for education and above all for its activities. Decree 938, Art. 3, says that

the Physical Therapist will perform Physical Therapy methods and techniques in order to restore, develop and retain client's physical capacity. Therefore, Report 388/63 highlights the participation of hitherto called Physical Therapy and Occupational Therapy Technicians, exclusively on applying techniques and exercises recommended by medical doctors that seek to heal and/or recover the partially invalid for social life. (BRASIL, 1969).

"Official documents regarding Physical Therapy professionals, except perhaps for its **Code of Professional Ethics**, seem to have been designed from the health-disease

¹ Carvalho *et al.* (2005) present a series of studies including different approaches to playing and game.

perspective” as pointed out by Rebelatto and Botomé (1999, p. 63). The authors also say that these documents at no time mention or suggest “the different levels, types or areas of activity that those professionals could or should perform when working to ‘assist’ the health of an individual or community”. Thus, they understand that higher education cannot be just a space for teaching techniques and skills to help others professionals.

Blascovi-Assisi, Peixoto and Reis (2001) even point to physical therapists as educators. They educate “postural habits, routines to stimulate development, the layout of furniture in industries and residences, the type of toy, clothing or accessory” to facilitate and promote independence in daily life. But in the curriculum of the course, “by being typically linked to health, little emphasis has been given to their training as educators” (BLASCOVI-ASSISI; PEIXOTO, REIS, 2001, p. 128). Looking beyond techniques, a formative role is played by people more qualified to treat their patients with dignity, working in the community as educational agents aimed at rehabilitation or prevention at different levels.

The authors present a project of humanization in the field of Physical Therapy where they show the need for new profiles in higher education in Physical Therapy. Therapy should be a pleasant rather than an unpleasant place. A motivated patient, besides not abandoning the treatment, engages in it and recovers faster. Considering undergraduate school, “some disciplines related to the educational background of those professionals end up not highly appreciated by professors themselves, and a stronger emphasis is placed on those who provide an essentially medical approach” (BLASCOVI-ASSISI; PEIXOTO, REIS, 2001, p. 128).

Under a broad view of the health-disease relationship, different psychological, physical, social and environmental aspects of the human condition and meaning assignments are involved in a complex way. Health and disease are clinical and sociological phenomena, since they are culturally lived; they are experienced and reinterpreted by society. Thus, health and illness “are important both for their effects on the body and their repercussions on the imaginary: both are real in their consequences” (MINAYO, 2004, p. 16).

Therefore, as that author stresses, it is not possible to dissociate people’s subjective aspects, their values, desires, fears and beliefs from any form of treatment, any therapeutic procedure. By neglecting or silencing sociocultural issues such as playing in the curriculum, Physical Therapy may risk training professionals increasingly under a traditional medical perspective. Therefore, the undergraduate curriculum in Physical Therapy faces real prospects for further humanization, and playing can be one way possible.

A short text by Walter Benjamin shows other possibilities that go beyond traditional healing techniques of medical knowledge.

The child is sick. The mother takes her to bed and sits beside her. And then she begins to tell her stories. How should we understand that? [...] It is known that the account that the patient gives the doctor at the beginning of treatment may become the beginning of a healing process. Hence the question: would the narration not form the favorable climate and more favorable condition of many healings? Would all diseases not be curable if they were just left to float away – to the river mouth – in the stream of narration? If we imagine that pain is a dam which opposes the narrative’s flow, we will clearly see that it is broken where its inclination becomes steep enough to drop everything in its path to the blissful sea of forgetfulness. It is the caring that outlines a bed for this current (BENJAMIN, 1994, p. 269).

Addressing leisure in a hospital setting, Pinto (2009) highlights the many possible roles of playful activities and games in a context of suffering. Among the various possibilities cited by the author, she found, in the case of the hospital, time occupation, release from pain, relaxation, escape from boredom, among others. While those issues are legitimate considering this context, they can be broadened. Thus, all these aspects can be complementary to the idea of re-signifying playing, of personal and social development.

Finally, considering the undergraduate course of Occupational Therapy, of the 53 disciplines to which we had access, seven were selected and analyzed. Five allow more solid study on the subject of playing in their curriculum. As already mentioned, this possibility has also been found in the Physical Education curriculum, since the issue is directly addressed as an object of study, for example, in the “Theory of Games” discipline. According to Drummond and Costa (2010), from the 1970s on, when Occupational Therapy considered human occupations in general, it began to discuss various daily activities such as work, study, play and the so-called Activities of Daily Life (ADLs).

We found numerous instances of the terms **playful (playfulness)**, **game**, **toy**, **playing** and **games**, even more than the number of instances found in the disciplines of the Physical Education curriculum (as shown in Table 1). However, these terms, which were also found in syllabi, were treated as synonyms and, unfortunately, showed little deepening in the “content” presented in syllabi. However, in Occupational Therapy as well as in Physical Therapy, sometimes it is also possible to realize the therapeutic character in the actions of playing, as in the case of “Therapeutic Resources I” and “Therapeutic Resources II”. In those disciplines, playing as a human occupation can be measured and evaluated through scales, testing and evaluation, especially in childhood.

Answering the question “Why should we evaluate playing?”, Rezende (2008) considers that observing and measuring the individual’s playing might facilitate treatment since it provides valuable information about cognitive, motor and social skills as well as reflect the development process. When mentioning some therapeutic interventions, the author shows that playing as a therapy type is common when caring for children with severe disabilities. That can be confirmed in the analysis of the syllabus of the discipline “Occupational Therapy applied to mental health and psychiatry”. In addition, professional practice can also focus on the ability for playing when the child has poor skills, which can compromise his or her performance.

Thus, still according to the author, we can stimulate and develop, for instance, postural aspects, coordination, concentration and interaction with people and objects. From there, Occupational Therapy provides assistance in playing activities for children’s occupational development. According to Rezende (2008), children in general respond to environmental and social stimuli, among others. Once some difficulty in this process is detected, particularly with disabled children, they might “need help even to play” (REZENDE, 2008, p. 42). This special attention paid to play, especially by Occupational Therapy, reveals the importance ascribed to the “activity”. From the point of view of this work, that supports the idea of playing as a human need and could be observed, for instance, when analyzing the syllabi of disciplines “Activity and human development I” and “Activity and human development II”.

As recalled by Debortoli (2004), despite recognizing the importance and legitimacy of such therapeutic interventions as specificities of Occupational Therapy, we must avoid the risk of nullifying playing as a human expression of meanings. And that might happen when

we expect ready, predetermined attitudes and behaviors from playing and certain games by approaching the person as a mere object of research. In seeking the place that playing can take in the childhood context, the author also argues that we need to reframe the vision and the place socially occupied by children, “their education and development, their learnings and their understandings of the world”, their expression as subjects constituted in their own complete subjectivity, with “their words, their gestures, their inter-relationships, their contradictoriness, their humanity” (DEBORTOLI, 1999, p. 109).

However, using tools to assess playing is not common yet in Brazil. Thus, as pointed out by Rezende (2008, p. 33) (a) occupational therapists “must choose well the tools to evaluate playing without disregarding the components that contribute to or interfere with their performance, either in the child, the environment or in the demand of the task”.

Somewhat diverging from the perspective of Occupational Therapy, Debortoli (1999) questions the fact that children are still systematically seen as imperfect and dependent beings. They are considered as mere objects of research. “They are always placed in relation to the social world of adults, who project their ideals on ‘this child’, disregarding him or her as a thinking and desiring subject who is historically constructed within a specific culture” (DEBORTOLI, 1999, p. 108).

Considering curricular practices of Occupational Therapy training included in some syllabi, there is an emphasis on the playful aspect, of valuing playing. According to Pinto (2007), playing and the playful game as well as bodies are historical sociocultural constructions that influence and/or are influenced by the wider social and cultural life where they happen. And this plural and significant experience has humanization as its reference, participating in the construction of memories and identities. “People who play together like similar things face similar problems and celebrate in the same way” (PINTO, 2007, p. 180).

Despite intense biomedical training, Occupational Therapy, as seen in the “Theory of Games” discipline, strives to look into other aspects that make up human life placed in a particular context, such as sociological, anthropological and economic ones (DRUMMOND; MAGALHÃES, 2001).

Thus, according to the characteristics and specificities of each area, we have a particular emphasis when dealing with playing. After all, within each course, the curriculum is built on games of interests mediated by power relations. Therapeutic, educational, sports and leisure activities, among others, may include playing, games and toys.

4 FINAL REMARKS

According to Baudrillard (1995), medical practice did not lose its superiority. “Even though it is ‘democratically consumed’, medicine has lost nothing of its sacred and its magical functionality” (BAUDRILLARD, 1995, p. 148). This can be seen since the early periods of those three undergraduate courses covered in this study, but it may be more evident nowadays in the context of Physical Therapy as can be seen in the special emphasis of their formal curriculum on biomedical content.

Of course there is no problem in working in the health-disease process in the disciplines and curricula of courses which, after all, are part of the health field. However, the challenge is to deal with that process in a broad way, for example, by recognizing leisure – where playing

is manifested – as a determinant of health. This understanding is considered by some public documents, including Article 3 of Law 8080 (BRASIL, 1990) and the recent National Policy for Health Promotion (BRASIL, 2006). Those documents stress leisure as one of the factors that determine and condition health. Although there are legal references for the promotion of leisure in health, Pinto (2009, p. 168) points out that “professional training in health sheds little light on the importance of leisure and on its contributions to the people’s lives”.

Any action to plan, prevent or treat in the health-disease relationship should consider values, desires, expectations, attitudes and beliefs of the groups to whom it is directed (MINAYO, 2004). However, in the pursuit of appreciation by the scientific community, many fields of knowledge and work, especially in the health field, cling to biomedical knowledge to the detriment of others.

Foucault (2006) shows that, in order to have power effects, a subject or knowledge is intentionally belittled so that others can be enthroned; that also happens in the context of disciplines and curriculum content. So, some socio-historical, political and cultural knowledge, among others, are left aside, which permeate the universe of human relations in society.

According to Carvalho (2005), experiencing the playful dimension of life, stimulating individuals’ and groups’ creative and inventive capacity – through sports activities, theater, artistic activities and games – is investing in life quality and health conditions. Such investments, as discussed in this article, can be developed over educational processes in those three areas, respecting and considering the specific and particular characteristics of each of them.

So, in search of playing for the sake of playing, of games for their own sake, of promoting activities aimed at developing critical and/or creative attitudes, or through these activities with the sole aim of minimizing pain or some disability, of contributing to the “acceptance” of a situation or a treatment, playing is possible.

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