

**REFUGE, HEALTH PRODUCTION AND LEISURE: POSSIBLE (AND NECESSARY) INTERFACES BETWEEN HEALTH AND THE LEISURE STUDIES<sup>1</sup>**

**Received on:** December 18, 2025

**Passed on:** March 05, 2025

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**ABSTRACT:** Difficulties are inherent to life. Based on this initial premise, the need for individuals and groups, with or without help, to develop strategies to overcome these difficulties also becomes a fact, since not participating in life every time a difficulty appears is not a possibility. This experience report presents a reflection on the possibility of producing health in a context different from clinical environments, such as a leisure environment, reaching the conclusion that three elements are necessary: intentionality, technique and the ability to contextually read. Such reflections point to the need for a careful assessment in order to modify the way in which the process of health practice occurs, increasing the possibilities of individual and collective care, even if in spaces not developed for this purpose.

**KEYWORDS:** Leisure activities. User embracement. Health.

**ACOLHIMENTO, PRODUÇÃO DE SAÚDE E LAZER: INTERFACES POSSÍVEIS (E NECESSÁRIAS) ENTRE A SAÚDE E OS ESTUDOS DO LAZER**

<sup>1</sup> This study was funded by a Undergraduate Research Scholarship, PIBIC/PROBIC Call for Proposals No. 04/2023

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**RESUMO:** Dificuldades são inerentes à vida. Partindo dessa premissa inicial, também se torna fato a necessidade de sujeitos e coletivos, com ou sem auxílio, desenvolverem estratégias no sentido de superar essas dificuldades, já que não participar da vida cada vez que uma dificuldade aparece não é uma possibilidade. Este relato de experiência apresenta uma reflexão sobre a possibilidade de produzir saúde em um contexto diferente dos ambientes clínicos, como por exemplo um ambiente de lazer, chegando à conclusão de que são necessários três elementos: a intencionalidade, a técnica e a capacidade de leitura contextual. Tais reflexões apontam para a necessidade de uma avaliação criteriosa no sentido de modificar a forma como o processo da prática em saúde ocorre, aumentando as possibilidades de cuidados individuais e coletivos, mesmo que em espaços não desenvolvidos para tal fim.

**PALAVRAS-CHAVE:** Atividades de lazer. Acolhimento. Saúde.

## **Introduction**

Difficulties are inherent in life. Based on Winnicottian theory (Winnicott, 1990), difficulties belong to the very fact of being alive and maturing. While this is not a pleasant statement to start a dialogue with, it is important to consider it as a thought that inevitably becomes fact. The practical daily life of individuals and collectives is an element of life that constantly draws our attention, considering our (constant) training in occupational therapy and leisure. In this regard, we come to understand that life and, consequently, the difficulties that arise in it, happen in a certain chronological time, a time that often does not provide the opportunity for the immediate construction of overcoming strategies in the most appropriate or designed places for such. This means that eventually, processes of illness, suffering or hardships inherent to existence will occur in the most different contexts, whether they are prepared for health interventions or not.

When it comes to intervention contexts, we refer specifically to health equipment and services, such as hospitals, health centers, clinics, and offices linked to the most varied specialties. In certain circumstances, needs arise and require specialized locations to be overcome and, to the same extent, specialized locations (although contradictory) are not always able to dialogue and build strategies to overcome such

problems and, on the other hand, life's difficulties do not always appear when these equipment and services are fully available, thinking about both a physical location and the time available for health interventions to be carried out.

A practical example of this scenario is the different complaints heard in the most varied contexts of everyday life about the inefficiency of health services, or about the indifference of professionals in the listening processes during consultations. Many people end up turning to friends, relatives and non-medical resources, such as teas and spells, or even a friendly shoulder in an attempt to solve or alleviate problems and illnesses.

And it is in the intricacies of this everyday life, often independent of the observed or experienced context, perhaps due to upbringing, history, personal interest, or a combination of all these factors, that we perceive in the constitution of different spaces the possibility of intersection between different fields and knowledge domains. In this work, specifically, Occupational Therapy and Leisure Studies are established with the intention of constructing strategies capable of overcoming life's problems and, consequently, contributing to health production, as discussed by Georges Canguilhem (Caponi, 1997).

For Georges Canguilhem, the issue of health goes beyond a model in which the understanding of the health phenomenon is linked to the presence of a disease or pathological agent. On the contrary, the author considers illness to be something inherent to the process of existing in the world, that is, becoming ill and/or facing the different problems that everyday scenarios present to individuals and collectives is something in life that cannot be avoided. On the other hand, the author also considers that human beings do not get used to such problems and difficulties, but rather produce confrontations (Caponi, 1997).

Let us take as an example two distinct situations in an attempt to explain the concept in practice: in the first situation, we will assume a person with a chronic condition, and in the second, a breakup. Starting from the premise that the chronic issue is incurable, it is worth asking: how can we overcome a problem that, at least apparently, is insurmountable? Certainly, thinking about a healing process for something chronic is considering it, yes, insurmountable. However, the first point to be discarded in this idea is that overcoming an illness means that it will be cured.

Now, let us consider as part of the experience an illness caused by the flu, in which there are no practices that can cure the action of the virus in our body, except through the body's own response cycle. In this case, we are talking about a process of alleviating flu symptoms, such as reducing temperature or body discomfort, precisely so that we can continue experiencing our daily practices. To do so, we take medicine, teas, rest, and with this we are adopting a set of strategies that provide us with more comfort or, to some extent, less discomfort.

Certainly, thinking about a cold is knowing that we will have a cure, sooner or later, and certainly if we consider the chronic issue, this perspective ceases to be true. What really matters, however, is the tireless search to overcome problems, to mitigate pain, providing some relief, even if temporary. A similar situation applies to the end of a relationship: we cry, suffer and feel sad, but at some point, the discomfort of this scenario is so great that we end up deciding to 'get out of the rut'. And it is from this moment on that we seek support in a tub of ice cream, in (re)connecting with friends, in family and (why not?) in single life.

As an example of something similar (although in different places of analysis) to a chronic problem, we can mention a heart broken by someone, as it is something deeply intense and will leave scars. Over time, we end up accepting the situation and

develop strategies and movements that help us live with that feeling, turning those scars into memories and learning experiences.

In both examples, perhaps from an excessively poetic perspective, what becomes clear is that health is not necessarily the absence of illness or the absence of a problem, so it would be utopian to think of a world free of pathologies and problems. According to Canguilhem, therefore, assuming the existence and coexistence with these factors is fundamental to thinking about health, because it is precisely from them that health materializes: it is in the movement that people and collectives produce to face different situations and scenarios of human existence.

But the issue of movement to face adversity, in the relationship between leisure and health, is what we can call 'what', that is, leisure is one of the tools that subjects and collectives have to produce movements. According to Gomes (2014), leisure offers conditions to experience different social practices, promoting the potential to experiment, innovate and develop creativity in everyone's life. In this sense, leisure could be thought of as a set of possibilities for individuals to overcome, or at least move towards overcoming constant everyday problems and difficulties. However, there is another element that must be observed in the relationship between leisure and health, which is the 'how', that is, when choosing to use leisure activities as a tool for producing health, one must also think about how this relationship will occur and how this process will occur.

Tomasi and Debortoli (2024) present a proposal to begin a theoretical approach between different areas of knowledge (occupational therapy and physical education), which have, to some extent, an element of theoretical approach in leisure. However, considering this approach necessarily implies overcoming the theoretical stage to construct the practical application.

When it comes to health, however, the 'how' and 'what' (the techniques) are two parts of the process. Other elements that must be considered are the 'where' and the 'who'. Initially, when thinking about producing health, the places that come to mind are likely linked to health services and equipment and trained and qualified professionals to provide such assistance, as soon as necessary. However, placing health in the perspective previously discussed requires moving away from a paradigm associated with illness or even quality of life.

Now, if health is the movement towards overcoming problems, it can be reflected that the technique (what and how), the context (where) and the people involved (who) may not exactly be health professionals. It's worth revisiting the example of a broken heart presented earlier, in which seeking out a friend or family member, going out to enjoy a party, or watching a movie can be important moments in overcoming sadness or suffering. In this regard, it is unlikely that a health professional or equipment/service would be called upon to support this situation. So, because these movements occur outside the scope of health, do they cease to be health production? Would the lack of specific techniques or procedures in an environment built for healthcare be an impediment to individuals producing health? From our perspective, no.

We systematically argue that health production can occur in different spaces, including those not designed for this purpose, and that this construction can begin with individuals who, in principle, do not have the slightest training for it. In this sense, the constitution of this experience report begins in a tattoo studio. In this place, where the author of this research is a tattoo artist, there was the perception that the tattoo studio can constitute, in addition to a work/leisure space, also a space for embracement and producing health. We support this statement in the research by Tomasi and Almeida (2021), who present a study on the construction of a embracement space (not structured

for this purpose) based on an experience in an extension project in fighting, in which the teaching space of a martial art began to be constituted as a space of belonging and listening for the participants.

The purpose of this paper was to understand and characterize the reception in a tattoo studio in Belo Horizonte - MG as a space for health production, based on an experience report of a woman, tattoo artist and occupational therapy student.

### **Methodological Construction**

In order to inform readers about the methodology, we present an explanation about the construction of the purpose herein: the reception of women in tattoo sessions. As a tattoo artist, it has become almost standard when tattooing women that conversations during the tattooing process would turn into outpourings that included everything from descriptions of unpleasant life situations to accounts of violence suffered. As time went by and during my training in occupational therapy, I became curious about why these women simply started talking about difficult and complex situations in their daily lives.

At the same time, it was also noticeable that the choice of tattoos, both in terms of meaning and art, had deep connections with these stories being told. Perhaps due to the training process in occupational therapy or due to a question of identification with these women, with each tattoo (which on some occasions occurred on the same person at different times) there was also an increase in the quantity and quality of the reports presented. Intrigued by the phenomenon, we asked ourselves about the elements that could contribute to the constitution of the tattoo studio also as a space for health production.

Thus, this study was divided into two distinct parts, although they occurred concurrently: the first part, carried out with the women, through interviews, and the second, which will be presented in this text, constituted by the perspective of the researcher/tattoo artist.

Methodologically, then, this text is an experience report. The research operationalization method can be classified as a study with ethnographic characteristics. We understand that the ethnographic method was not applied in its entirety, or rather, there was no complete immersion of researchers in a given society and culture. However, it is possible to state that elements of this method were applied, such as participant and close observation of situations in which the tattoo studio was configured as a space for health production, which is also the authors' perception.

Magnani points out that

[...] ethnography is a special way of operating in which the researcher comes into contact with the universe of those being researched and shares their horizon, not to remain there or even to attest to the logic of their worldview, but to, following them as far as possible, in a true exchange relationship, compare their own theories with theirs and thus try to come away with a new model of understanding or, at least, with a new clue, not previously foreseen (Magnani, 2009 p.135).

This report is limited to October 2023 to May 2024, the period in which the field diary records were made. The field diary, according to Kroef, Gavillon and Ramm (2020), is a tool that allows the researcher to get closer to the object of study, as it associates a set of notes with in-depth descriptions of the observations made with the researcher's perceptions in relation to the observation context. In this regard, it must be considered that immersion carried out in the field is an important component for the composition of the research material, as it will allow analyses closer to the object studied, to the detriment of moving away from this object.

The location selected for data collection was a tattoo studio in Belo Horizonte – MG, where the researcher carries out her work activities. When composing the diary,



the researcher/tattoo artist created records based on her observations and perceptions during the tattoo process, considering objective and subjective elements that permeated this activity and also the relationship between the tattoo artist and the tattooed person. Thus, after each session, a descriptive record of the process, conversations and the researcher's perceptions regarding the process was made.

At the end of the stipulated period for data collection, a detailed and exhaustive reading of the records was carried out in order to establish the categories of analysis. These categories were constructed based on the proposal by Minayo (2012), which emphasizes the need to understand and interpret data. Furthermore, the analysis must consider the structuring terms of qualitative research, such as experience, lived experience, common sense and social action. Thus, the researcher must develop a theorized, contextualized, concise and clear narrative, in which the logic of those involved precedes. In the end, two categories were identified: the first, named Teleology of Praxis, which discusses the possibility of a relationship between leisure and health based on the intentionality in this relationship and; Barriers and Facilitators for Reception, which specifically deal with strengths and difficulties in the health reception process.

This study followed the ethical standards for research involving human subjects and complies with Resolution No. 466/2012 of the National Health Council. It is part of the research project entitled Handicraft Practices and the Production of Meanings and Individualities, registered with the Research Ethics Committee of Universidade Federal de Minas Gerais [Federal University of Minas Gerais] under CAAE number 26424418.0.0000.5149, and approved by opinion No. 3,964,176.

## **Results and Discussion**

In this section, we present some reflections constructed during the research process, centered on the empirical categories identified. However, a brief explanation of the findings in each category is in order.

The first category, Teleology of Praxis, deals specifically with a set of reflections on the intentionality of doing. We sought, however obvious the terminology might be, to consider mainly the unspoken characteristics so that a tattoo space could also be configured as a space for health production. The second category of analysis, Barriers and Facilitators for Reception, sought to address more objective elements so that health production materializes in contexts initially not planned for this.

### **The Teleology of Praxis**

Regarding the category called The Teleology of Praxis, it is initially possible to perceive that the configuration of certain spaces, in this specific case the tattoo studio, as embracement environments is feasible, although not automatic.

At this point, it must be considered that the purpose – teleology – of the tattooing process (for both the tattoo artist and the tattooed person) is not, a priori, the establishment of a embracement process between the actors, but rather a work process (for the tattoo artist) and a possible leisure moment for the person being tattooed. In this sense, it is important to understand initially that the studio is not configured as a space for health production nor as a space of embracement. The studio, as a space of work/leisure relations, is a space of technique and creation on the one hand, and of experience on the other.

Here, a reflection is necessary: we live in a societal model that has an immediatist, compartmentalized logic. This model, in the health context, appears more

objectively during service provision in health facilities and services (such as clinics, health posts, and hospitals). In these contexts, within what we will call the hegemonic model, i.e., practices centered on individual care, health professionals, and the elimination of symptoms and disease, there is little space for reflection on alternative possibilities in the treatment process.

It is a model in which disease/difficulty is treated as a body abnormality that must be normalized and standardized. The materialization of this model in health care is the classic scene: the subject enters an apathetic, dull consultation room, usually painted in a pastel tone, as if no emotion were welcome there. The professional presents a formal greeting, dressed in a white coat. Cordially, the person is asked to sit at the table so that the consultation can begin. “What happened?” is asked, although it is almost rhetorical, for on the other side of the table, we know exactly the outcome: a complaint will be made, and a prescription will be given.

While this way of producing health is what we are accustomed to and is within expectations, it is also a recognized obsolete format, as it does not directly invest in the root of the problem, but only in the symptoms. On the other hand, when this standard is not maintained, there is, contradictorily, a certain strangeness. This contradiction appears when health professionals recommend alternatives to allopathic medicines, rest periods, and investment in leisure activities, for example. When this occurs, it is not uncommon for people to seek a second opinion—which, in reality, is a search for the maintenance of the status quo of the model—meaning that we assume health is the absence of disease and that the proper space for care is the clinic.

However, experiences already indicate that health production, if assumed through a framework alternative to the hegemonic model, can occur in spaces not planned for such purposes. An example is the study by Tomasi and Almeida (2021),

which presents a embracement experience in a martial arts project. Here, we specifically address experiences in spaces designated for leisure, assuming that these spaces are considered such from both individual and collective perspectives. Certainly, thinking of the tattoo studio—the locus of this study—as a leisure space does not mean we consider it solely as such: for tattoo artists, it is a work environment, and for the tattooed, it may not be considered a leisure space.

In this sense, we propose thinking of the tattoo studio (or any other space not planned for the production of health) at least initially, not necessarily as a leisure space, but rather as a place of possible interface between leisure and health. In this sense, the question arises: how does this interface occur? Initially, for there to be some form of support during the tattooing process, a certain amount of effort is required, both technical and human, intentional, responsible, available and conscious.

Field journal (October/2023): Throughout the sessions, I realized that I was able to create safe spaces for deeper conversations, some related to a woman's experience, from issues related to body image to reports of abuse suffered, some related to the meaning of the drawing. I was building relationships with clients where I was sought out to mark certain moments they experienced. After a while in this room, I changed spaces and started working in a studio where I shared the space with other tattoo artists. From then on, I began to notice that even changing the location, all these exchanges were still possible, and I began to observe the experiences of other tattoo artists and what these exchanges were like, some more distant, which did not allow the development of a bond; and others in which it was possible to observe a process of embracement on the part of the tattoo artist.

From the excerpt recorded above, it is possible to highlight two important points to understand the relationship between leisure and health: the first deals with an indispensable quality for there to be an interface between these fields of knowledge, which is intentionality. It is clear, at this point, that for moments of leisure to coexist with the production of health, there is the prerogative of intentionality. The second point deals specifically with context. We can understand context as the material and immaterial elements in which actions and experiences are located. In this sense, when

the change of space is pointed out, but the continuity of the listening practice, it is possible to affirm that the material element (location) did not exert a significant influence on the reception process. Thus, the immaterial element of the context was the most important in this process.

By building a space for women who came to be tattooed to express their feelings and meanings about the tattoos, actively participating in the process of choosing the design, the transfer technique, and the experience of the design on the body, a connection was also established between the tattoo artist and the tattooed woman, and from there, a bond was built between these subjects, which opened up a possible space to discuss anxieties, perceptions, fears, and dreams, without the concern of judgments or comments on what is being exposed, which constitutes a process of embracement in health (Brasil, 2010).

The experience presented by Tomasi and Almeida (2021) contributes to an initial reflection on the reception process in spaces and activities considered as leisure. The research presented by the authors reports the transformation of a fighting dojo into a embracement environment. In this statement, this transformation is presented as something natural, that is, as if there were no intentionality in the process. However, based on what was observed in the tattoo studio, it is worth questioning whether the embracement process can occur naturally, that is, without any intention for it to happen. Taking the previous reflection as a basis, it is a fact that intangible elements are essential for the interrelationship between health and leisure. Therefore, we must consider what elements permeated the process in the dojo: the coexistence, which over time brought trust to the project participants, the willingness to dialogue, the bonds of friendship that were created, are some examples of intangible elements that constituted the space of that project.

The study presented by Tomasi and Debortoli (2024) corroborates this thought and makes more explicit the need for a more structured construction in relation to the environment and context, with regard to the teleology of reception. For the authors, when there is an intention to welcome, that is, when the purpose of the leisure experience is not an end in itself, but rather a means of producing health, such an experience becomes a powerful tool for the process of constructing practices that contribute to increasing the health levels of individuals.

Taking the concept of health previously presented as a reference, when we talk about increasing health levels we refer to the increase in the scope of possibilities that individuals and communities have to overcome situations in their practical lives. Now, in this vein, it is not strange to conceive that the production of health is not necessarily linked to a space or health equipment per se, but rather to a certain set of practices that enable subjects to appropriate their existence as protagonists of these practices.

It is also important to consider that to build the embracement process, it is necessary to have technique in conjunction with intention. In this particular report, it is important to consider that the researcher, in addition to being a tattoo artist, is also an occupational therapy student. This point is important for reflection, since training in occupational therapy provides for the development of a set of skills for health management in different contexts. Therefore, the construction of the bond (non-therapeutic, in the case of the portfolio of customers of the studio) may have been facilitated and the embracement practice may have occurred more fluidly.

### **Barriers and Facilitators for Embracement**

In this section, we present the barriers and facilitators for the construction of embracement. The following were perceived as barriers: social media, generational

issues and prejudice towards the tattoo profession. The facilitators, although contradictory, were the social networks themselves and also the generational issue. Although it may seem confusing to identify the same characteristics as barriers and facilitators, it is important to highlight that there is a limit that defines at which point(s) such characteristics assume the role of barriers or facilitators. Next, we will present the reflections.

As is widely known, the contemporary world is part 'real life' and part 'virtual life'. Social networks, in this sense, play an important role in the dissemination of information and work, especially in the presentation of the results obtained. Although it is a powerful and important tool in helping certain professions (such as tattoo artists), social media can also become a villain when it comes to fostering support.

We say this based on the premise that the more followers a person has on their social networks, the more famous they become in the workplace. This professional recognition, however, can scare the clientele to a certain extent, in the sense of creating a space of almost privilege for having secured an appointment and being tattooed by the “famous” person.

Field journal (February/2024): It is possible to observe differences in the way customers interact with me, due to the perception built from the image that is projected on my social network and the numbers achieved. Virtual spaces offer various forms of social interaction, facilitating communication but also reducing more intimate, real-world contact. As my social networks grow, people create a distance that becomes a barrier to creating an initial bond.

Apparently, the widespread dissemination of tattooing activities on social media and, consequently, the recognition of the work, are elements that attribute a mystified aura to the tattoo artist, which places him/her in a demigod-like position within his/her environment, that is, an unattainable entity. This social position can be, on the one hand, extremely beneficial to the professional, increasing the number of clients who seek him/her out, thus opening up the opportunity to establish new bonds and build

embracement processes. On the other hand, fame can deconstruct the tattoo artist as a subject, precisely by placing him/her in a mystified position. In this case, excessive fame for one's work can also bring negative fame. It is not uncommon for people who end up standing out in their fields to also have a hater audience, as they say in the virtual world, who disseminate news and (mis)information that does not always correspond to reality and ends up building mistaken ideas about the famous person.

This analysis, ultimately, creates an important reflection for the scope of Leisure Studies: by creating a reference of fame in practices that can be considered, to some extent, leisure, there is also the risk of distancing oneself from the practice itself. Let us explain: let us take a different example in relation to the phenomenon of fame, considering a football player, already established in his career and who already has the status of famous and considering that playing football can be a leisure activity. This subject, however accessible he may be in terms of his relationship with his audience, runs the risk of being seen as a person, precisely due to his status, making it impossible to establish any form of closer relationship. Now, this perception, depending on the personality of the fan, can build a relationship of distance with sport/leisure in which a (potential) leisure activity loses its transformative power. However, the subject's imagination can also facilitate the embracement process. Now, let's present this perception from the perspective of age. As a young adult woman, it is possible to notice that, when women of the same age group attend tattoo sessions, whether for the first time or not, the dialogue flows more dynamically. This question, specifically, allows us to reflect along two distinct lines: the generational approximation of language and the generational approximation of interests.

Regarding the approach to language, it was noticeable in all tattoo sessions during the study that expressions, perceptions and contemporary issues during the



process make it possible to explore, beyond the constructed design, the everyday life of the tattooed woman. During these conversations, topics considered sensitive or taboo came up, such as domestic violence, bullying and mental health issues, for example, always at the initiative of the tattooed woman.

Field journal (March/2024): In different sessions, it was possible to observe that tattooing was used as a form of language to communicate identity, values, and experiences. By having a physical and social space that allows one to feel at ease to share fragments of their stories, tattoo sessions are accompanied by long accounts of lived experiences.

It is important to consider, in this regard, that embracement requires, above all, a certain endeavor on the part of the listener (the one who performs qualified listening) in an attempt to construct an empathetic process with the person presenting their account. It is, therefore, an ethical action, in which two or more subjects seek to share knowledge and attitudes in order to provide a certain type of ‘shelter’ to the one who narrates, contributing to the resolution of the problem presented (Brasil, 2010).

This point is directly connected with the alignment of interests, considering that during the dialogue in the tattoo session there will be exchanges of experiences, and the moment the tattooed person perceives shared interests with the tattoo artist, a possibility for establishing a bond may arise.

However, the generational issue, although not identified as a category of analysis, should be considered an important element, as it may also act as a barrier. We suggest this based on the premise that, generally, tattoo artists are concentrated in the young adult age range. While age similarity can facilitate bonding among young adults, when there is a discrepancy between age groups, a contrary movement may occur, at least initially.

Field journal (January/2024): Age can act as a facilitator for the embracement process. When ages are close, experiences can be shared during the tattoo session precisely due to peer identification. With older individuals, initially, there may be a barrier for certain topics due to the perception of a lack of experience. In the case of tattooing, at least within the studio, I perceive this somewhat differently: most of my clients are women, so we share many

issues related to existing as a woman. Regardless of age, this theme is present, and in some cases, the motivation for getting a tattoo is related to one of these issues.

Regarding dialogue, another perceived barrier is prejudice toward the tattooing profession. Although tattooing, as a cultural practice, is undeniably more accepted today, it is also undeniable that perceptions of tattoo artists still show signs of marginalization. To explain: when we present ourselves as researchers during tattoo sessions, there is always a look of surprise associated with the practice of tattooing alongside an academic career. This perception appears in statements such as, “Wow, you’re a tattoo artist and studying health?” or “I thought you only tattooed”.

We understand that prejudice in these situations is not directed at the tattoo artist themselves, but at the profession. Such statements suggest that being a tattoo artist is not considered a primary life choice and that the profession is merely a secondary labor option, as if nothing else could be achieved. Additionally, it is possible that in popular imagination, tattoo artists are seen as uneducated or culturally limited, able to discuss almost exclusively tattoos and related topics. These perceptions have cultural roots in the early days of tattooing in contemporary Western society, especially regarding how tattoos are represented socially (Cazetta, 2023).

## **Final Considerations**

Producing health will always be a challenge, especially in a society that understands health as merely the absence of disease or as physical, mental, and social well-being. Although these concepts exist, they strongly hinder the production of health, as they provide a nonexistent direction: we run endlessly without knowing where we are going.

Thinking about health production from a theoretical framework that allows for concrete scenarios to produce health is not only important but necessary. In this regard, the field of Leisure Studies can contribute to constructing ways to overcome daily adversities through spaces initially designed for leisure.

To this end, three elements must initially be considered: intentionality, technique, and contextual reading ability. Intentionality refers to the necessary movement of empathy, the desire to understand the needs of others. Technique, in turn, is the capacity for attentive listening and proposing ways to address the presented demand. At this point, it is important to note that the demand will not always be resolved immediately, but solutions can and should be built. Finally, contextual reading ability is the skill to recognize the immaterial elements surrounding the presented demand and requires sensitivity to understand what the unspoken is expressing.

These elements are foundations of the leisure-health relationship, as they support the construction of a health production process that uses leisure not as an end, but as a means capable of generating movements that help individuals and communities overcome everyday difficulties. In this sense, even though it was not the focus of this text, the role of health professionals in this process must be considered: it is necessary to alter how approaches are conducted, overcoming the hegemonic model of health relationships. Practically, health professionals face the challenge of moving away from the hegemony of knowledge and practice, as if they were the sole holders of understanding regarding another person's health.

Producing health in spaces not designed for it, however, requires technical and human investments. In this regard, a tattoo studio can be a privileged environment for building bonds, since the interest in tattooing constantly permeates the relationship between actors. Indeed, the studio will not be a welcoming context by itself, as the

space, a priori, is not even prepared for this. Conversely, it cannot be categorically stated that a healthcare facility, by itself, is a welcoming environment simply for being a healthcare setting.

Therefore, it is necessary to remain attentive to the barriers and facilitators in constructing these health-producing spaces, since each situation contains a set of distinct characteristics that may hinder or benefit such processes, and they must be respectively overcome or leveraged. These reflections point to the need for a careful evaluation to modify how health practices occur, increasing possibilities for individual and collective care, even in spaces not originally developed for this purpose.

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