Vulnerability, compassion meditation and well-being: community-based participatory research

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Abstract: **Objective**: To understand and assess the effects of Cognitive-Based Compassion Training (CBCT®) in promoting collective well-being on the outskirts. **Method:** This is participatory action research with socially vulnerable population in São Paulo, Brazil. Qualitative data from the community-based participant research (CBPR) model, rounds of conversation (n=41), evaluation work plan (n=18), participant observation and quantitative institutional reports were analyzed with WebQDA® and Excel®, respectively. **Results**: Women (93%), black (78%), mean age of 37 years, living on the outskirts (73%) participated. Directly, the intervention benefited 11,390 people and, indirectly, 43,282. Categories analyzed were: Structural oppressions and individual autonomy; (Self-)care generates collective empowerment; Action-reflection-action process for (trans)formation; Emotional literacy as a human right; and Practices of (self-)care and social justice. **Conclusion**: CBCT® promoted positive effects on well-being in the collective dimension. The critical-reflective methodology promoted community engagement and emotional literacy, contributing to social equity appreciation.

➤ **Keywords:** Empathy. Meditation. Social Vulnerability. Health Promotion. Community-Based Participatory Research.

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Introduction

Based on international recommendations and agreements on well-being, as a commitment to offering the highest possible standard of health, with equity for all people throughout life, outlined in the Health Agenda for the Americas (WHO, 2019), the challenge of reducing vulnerabilities in the health-disease-care process stands out, which reflects diverse systems of oppression in societies whose (re) production profiles intensify inequities. In this article, we proposed to interrelate well-being and social equity based on a model for cognitively-based compassion training and Paulo Freire's education as a liberating practice (Freire, 2015).

Global references have shown that well-being can act as a basis for promoting health and preventing diseases or injuries, and that the presence of happiness and satisfaction with life implied a lower risk of mortality from all causes in healthy populations in the Americas and Europe (Diener; Chan, 2018).

For the World Health Organization (WHO), well-being is related to feeling happy and willing, calm and peaceful, active and energetic, rested upon waking, and having a daily life full of interesting activities, which influences the quality of people's lives (WHO, 2018). In psychology, the concept brings together intrinsic and extrinsic factors that influence the quality of people's lives, comprising two dimensions: cognition and affect. The first refers to assessments of life satisfaction, and the second is linked to emotional states, affects and feelings (Martela; Sheldon, 2019), i.e., how people think and feel about their own lives (De Medeiros, 2020). From the perspective of compassion, however, we move towards understanding well-being as a collective production, in which, based on the recognition of belonging to a collective, people can connect, through bonds of solidarity, and engage in individual and collective (trans)formation with a view to social justice (Shibata, 2021).

Thus, encouraging individual and collective leading role with a view to (trans) forming/overcoming unequal contexts can contribute to promoting social justice (Pereira; Ramos, 2021). Education, as a strategy for liberation and understanding and fighting for human rights, is an ethical component that is inseparable from the process of seeking justice (Almeida; Silva, 2021).

Discussing well-being, equity and social justice also involves thinking about contexts of vulnerability that affect certain people and social groups, revealing asymmetries in relation to access to public goods and resources and civil, social and political rights,

such as the right to listen and speak about inequalities and social injustices that affect them. Peripheral populations are examples of this (D'Andrea, 2020).

From an individual perspective, vulnerability encompasses the information that a person has about their problem(s) and the ability to manage them in everyday life (Sevalho, 2018). From a social perspective, it is related to the situation of fragility of a group: it is the invisibility and disqualification of a group and its insertion in society and the level of its critical perception of facing situations of oppression (Ayres, 2009).

Studies have shown that well-being can act as a basis for health promotion and disease prevention, and is enhanced through compassion. After training the mind in compassion, studies have shown: improved social relationships; increased hope in children living in foster care; increased self-compassion; reduced perceived stress, burnout, depression and anxiety; increased life satisfaction and prosociality. Compassion is the emotional state of caring for people who are suffering or promoting well-being in an altruistic manner (Kirby; Tellegen; Steindl, 2017).

There are meditation protocols that have been created to encourage the development and cultivation of compassion. Cognitively-based compassion training (CBCT®) is a secular program for training the mind in compassion with proven effectiveness in different groups (Ash *et al*., 2021).

Given the lack of studies on compassionate practices in socially vulnerable populations, especially on listening to this group, this article aimed to understand and assess the effects of CBCT® in promoting well-being in the collective dimension.

It is understood that this research contributes to the advancement of knowledge, as it defines the object of study with consistency and scientific rigor, through a methodology based on/with the community and focused on addressing challenging issues for social equity in peripheral communities. Its principles are: to be based on the community's potential and resources; to be relevant because it is built from and with the local context and needs; to encourage co-research; to establish a relationship and ethical coherence between research and action; and to contribute to developing competency, sensitivity and cultural humility (Parker *et al*., 2020; Santana, 2018).

In this regard, the production of scientific evidence, in a collaborative manner and concomitant with the translation of knowledge into vulnerable communities' life and work contexts, is a *sine qua non* condition in this participatory action research. The production and application of knowledge that relates the health-disease-care

process to social inequalities can add value to collective health and thus contribute to advances in health, which also implies the fight for the presence of intersectoral actions and public policies on health inequity.

Methodology

This is a study with a qualitative approach, participatory action research, using the community-based participatory research (CBPR) model (Parker *et al*., 2020) and the evaluation work plan (EWP) methodology (Rocha, 2009).

The study's methodological conception was guided by the epistemological perspective of Paulo Freire's liberating education towards emancipation, autonomy, social justice and happiness (well-being). This has social practice as its foundation, which can be understood as the action of the collective to transform the object into an articulated set of actions that converge towards certain ends and objectives (Gasparoni; Pielke, 2019).

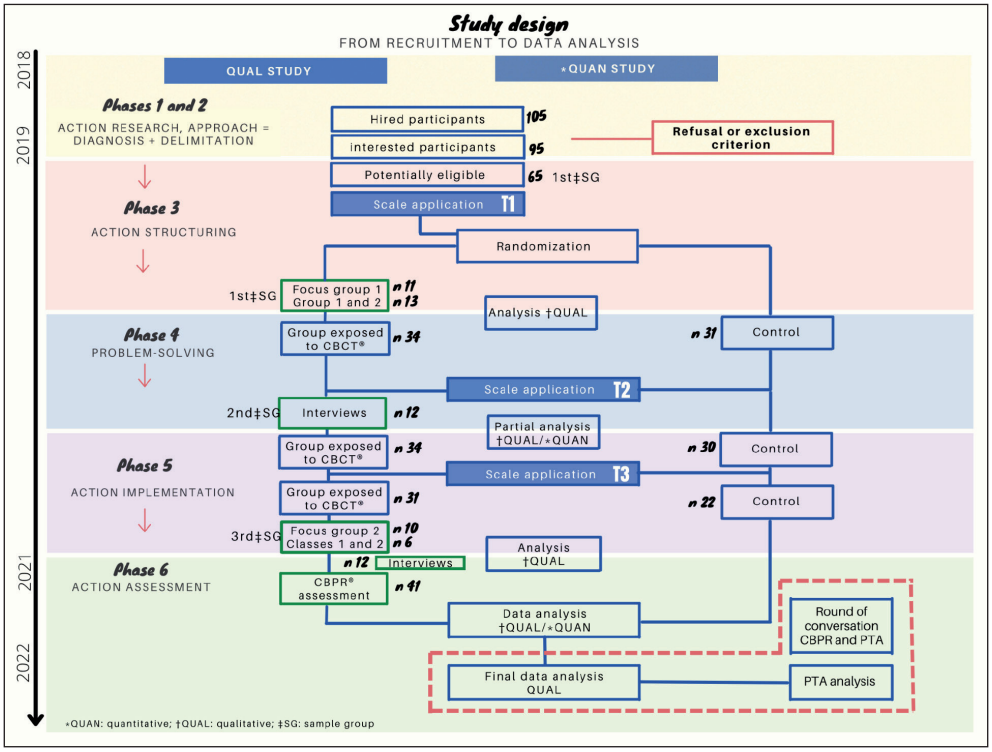
CBPR is an approach that allows those involved to produce, acquire, increase and share knowledge about community problems and, from these, propose solutions that, through collective engagement, seek responses focused on social equity and health. This model proposes an analysis based on four domains: research contexts (environments, policies, funding, historical trust/mistrust and capacity of partners, local, regional reality); partnership processes (structural, individual and relational dynamics between partners); intervention and research projects (outcomes of shared decision-making, integrating community and academic knowledge, generating joint learning and empowerment); and health outcomes (intermediate and long-term) (Parker *et al*., 2020).

EWP is a methodology used for planning, monitoring and assessing projects developed with the community. Based on an objective, a problem situation, transformed into an object, the connections for the solution will be divided into dimensions of action, guiding questions, activities proposed to answer the questions, indicators for monitoring, target audience, time of implementation and monitoring, and person in charge of the action (Rocha, 2009).

This article reflects one of the objectives of the PhD thesis of one of its authors, which focused on the perception of people from peripheral areas about meditative practices and their effects on people and groups from peripheral contexts (Figure 1).

The article is a sample excerpt, with data collected before and during the COVID-19 pandemic. Phase 6, as highlighted with a dotted line in red, is presented here.

Figure 1. Flowchart of the participant selection process from recruitment to data analysis



Source: Research data (2022).

Ethical procedures

The study's ethical aspects were based on Resolution 466 of December 12, 2012 of the Brazilian National Health Council. The project was submitted to the *Universidade Federal de São Paulo* Research Ethics Committee, and was approved in October 2018, under Opinion 2,936,804.

The research was conducted in accordance with the study protocol, following the COnsolidated criteria for REporting Qualitative research (COREQ) and the Brazilian Clinical Trials Registry (RBR-3w744z.) recommendations in April 2019.

Methodological path

The research was carried out in the Parelheiros region, in the extreme south of southern São Paulo, SP. Parelheiros is a peripheral area of the city, with 151,339 inhabitants and a strong presence of black people (56.6%), indigenous people (seven villages in an indigenous land), a female population (51%), young people, between 0 and 29 years old (50%), and the largest territory in the city with a child population (0 to 6 years old). It is 11 times more unequal in relation to the city center, considered the third worst district in the city. It has a high rate of racial violence, against women and children, and one of the highest rates of adolescent pregnancy (16.5%) (REDE NOSSA SÃO PAULO, 2020).

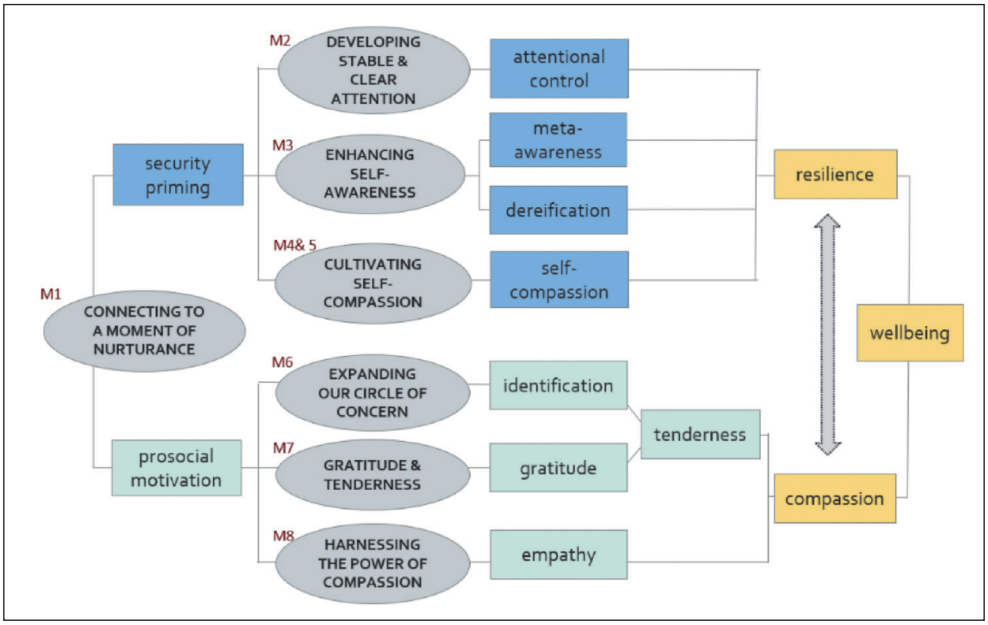
The following people participated in the research: i) community representatives (people over 18 years old, residents of six communities and beneficiaries or providers of voluntary services in projects of Civil Society Organizations (CSO) that operate in the territory, identified as "team"); ii) CSO representatives (project managers and coordination); iii) representatives of local institutions (professionals and leaders who work in the region's community network); iiii) representatives of universities (volunteers, professors, students). People who contributed to creating and developing EWP and CBPR and developed a relationship of partnership and sharing assumed themselves as researchers in this process and are considered the "Team".

The setting for analysis corresponds to the Center of Excellence in Early Childhood (In Portuguese, Centro de Excelência em Primeira Infância - CEPI), which in 2018 collectively built an EWP focused on child care and dimensions of care, at which time some challenging situations were identified: problems with personal organization; lack of focus and attention; self-demand; signs of anxiety, stress, depression and possible blockers of the desire they have to contribute to the community well-being.

The "Team care" dimension, the focus of this research, was based on the question "How can we ensure excellent team care?" The Team's responses highlighted meditation as a self-care practice that could be applied. The CBCT® meditation protocol, developed at Emory University and used and applied by the author of the thesis, was chosen by the group based on this previous experience. This is a secular program derived from Tibetan meditation practices (*lojong*), adapted to a secular version, independent of doctrinal or religious affiliation (Ash *et al*., 2021).

CBCT® proposes three levels for the development of competencies: content knowledge; critical reflection; and embodied understanding. It integrates key concepts for developing resilience, compassion and well-being, as shown in Figure 2.

Figure 2. Integrative model of CBCT® adapted to Brazilian Portuguese[1]



Source: Ash M, Harrison T, Pinto M. *et al.*

It is worth noting that the main researcher's "research" journey, in her doctoral thesis with mixed methods, was constituted based on team propositions, guaranteeing participation, reflections, learning and autonomy in conducting it in all phases, represented in Figure 1.

Due to the COVID-19 pandemic, the application of CBPR and EWP took place through synchronous, video-recorded rounds of conversation, in virtual mode, held from January to March 2021. Participant observation was used as a complement in this research (Minayo; Costa, 2020 p. 13).

Lasting four hours and with 41 participants, CBPR began with the presentation of a video called "*AmarElo Prisma: Movimento 2: Clareza/mente*", from Emicida[2], as a trigger for reflections. Afterwards, the research was contextualized, and the CBPR model was presented (Parker *et al.*, 2020). Divided into five groups, people were encouraged to discuss the following questions: What and how were the effects of the "Team care: individual" dimension for the CEPI audience and the community in general? What transformations were perceived?

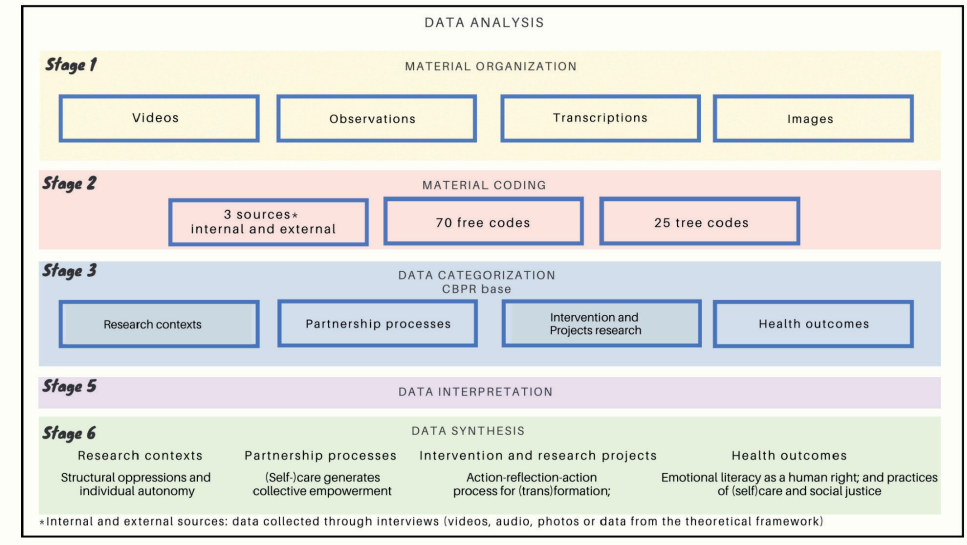
There was a mediator in each group, who was responsible for encouraging discussions, ensuring the participation of all people, taking notes and validating summaries of impressions and records on CBPR domains with the respective group. These invited people recorded impressions and validated the observations with the group. The results of this activity were presented in a plenary session, when new reflections and proposals for actions were made.

As for EWP, three discussion groups were held, each lasting two hours and with 18 participants. With an emphasis on the "Team care" dimension, these meetings allowed for EWP assessment and updating, including quantitative data from CEPI and a more in-depth assessment of CBPR in the "Results" domain.

Data analysis

The analytical *corpus* of this research emerged from data collected and transcribed from video recordings, whose content totaled ten hours, from field diary notes and from the participant observation technique. WebQDA® was used to systematize the analysis material (Bardin, 2009). Figure 3 presents the data analysis process stages (Carlomagno; Rocha, 2016).

Figure 3. Data analysis process stages



Source: Research data.

In the results section, excerpts from people's speeches were identified by terms corresponding to the group to which they belong, such as "beneficiaries" and "CSO volunteering", representing the community, "CSO project management" and "CSO coordination", representing social organizations, "regional community network", representing professionals, and "university volunteering" and "university education", representing the university. These terms were differentiated by means of sequential numbering, using Arabic numerals, in order to specify participation and guarantee anonymity (e.g., Beneficiaries 1; CSO coordination 2; University volunteering 3…).

Results

Participating individual/institution characterization

Participants were 41 people, most of whom were female (92.7%), black (78.1%), aged between 18 and 70 years old (average 37 years old) and living on the outskirts (73%). They had completed high school (38%), had no formal employment (45%) and, consequently, had low income (one minimum wage) (38.5%). Regarding the six participating institutions, all have been operating for more than 20 years, three of which are public institutions, one private and two non-profit.

In relation to the data, five categories emerged: (1) Contexts: structural oppressions and individual autonomy; (2) Partnerships and strengthening of care in the collective dimension; (3) Intervention and research: action-reflection-action as a process of (trans)formation; (4) Results: emotional literacy should be a human right; and (5) Practices of (self-)care[3] and social justice.

Contexts: structural oppressions and individual autonomy

In the "Contexts" axis of the CBPR conceptual model, participants described Parelheiros as a rural and urban territory, with large families and young people, and few local opportunities for insertion in the job market. They use the term "electoral herd" (T.N., expression used by Brazilian historians in the Old Republic that indicated a region where a politician had great influence, was well known or where they received a lot of votes) to express dissatisfaction with candidates who do not fulfill the political promises made during the election period. As an external image, they pointed out that Parelheiros is known for team actions and that CSO's work was fundamental in providing the community with access to information on human rights, expanding and diversifying the topics of local interest.

> Before, people only knew bad things about Parelheiros. Violence, poverty, deaths, invasion and the only good thing was that there is a lot of greenery. Today Parelheiros is known for what we do here. The care for pregnant women, mothers, children, the "born to read" and many other good things. (CSO volunteering 1)

From the perspective of individual autonomy, participants emphasized the value placed on team (self-)care practices, mediated by a CSO educator, with whom they established a strong bond. Although these practices were present before the research, their development in the community was discontinuous. From this perspective, the research brought a "policy" of good practices for (self-)care. It combined what already existed with new proposals, directing collective action towards (self-)care, care for others and community empowerment, based on meditative practices.

> At the beginning of our PhD degree, CBCT® was introduced - it came as a "policy" that didn't exist before. There was an idea that meditation was for rich people; this changed after the research began. (CSO volunteering 2)

> By taking care of ourselves, we also learn to take care of others. By valuing self-care, we listen to ourselves and others and connect body and mind, and the result is empowerment. (Beneficiary 1)

There was initially resistance to the word "meditation," which, associated with religious practice, was replaced by the practice of (self-)care. This facilitated dialogue and understanding, with evidence of benefits for the Team, their families, and other people in the community.

In the field of mental health, representatives from the university and CSO reported the need for care for the body and mind, due to structural aspects, culturally rooted in the community, such as racism, fatphobia, sexism, and other discriminations.

> The Team and the community began to understand that they have to work on their body and mind, an internal process from the inside (person and team) to the outside (community). (CSO management 2)

Partnerships and strengthening of care in the collective dimension

As for the "partnerships and processes" axis, for the community, partnerships were fundamental for implementing care actions, especially during the COVID-19 pandemic. Local leaders and 24 institutions were identified by the community and CSO as local, regional, national and international partners.

Interactions with partnerships were highlighted as opportunities for mutual learning. Psychotherapy, group psychological support, live broadcasts held by

Mobilizing Mothers and partnerships, storytelling workshops, literary reading and body care were examples of care processes produced:

> Partners were brought by Flávia. These people taught us a lot during the pandemic. Friends from the virtual world, friends from the pandemic. (Community network 4)

> Self-care emerged as a new proposal for the team in partnership with Instituto Sidarta, PUC São Paulo, Emory, UNIFESP, Mosteiro, CEI Santa Terezinha and others, nationally and internationally. (CSO coordination 2)

Paradoxically, when it comes to the State's role in implementing social policies in response to collective needs, the municipal and state governments were not perceived as partners of the Parelheiros community, in addition to presenting an action largely inclined towards partisan interests.

> We try to get closer to the subprefecture, such as to fix the court and clean the streams, improving things for our children, but they don't even respond. When the election comes close, they fix it and put up a banner showing who did it. It's just self-interest to keep on giving orders. (Beneficiary 3)

As a breakdown of local health policies, it is pointed out that, for the collective, community health service professionals were not identified as partners in this (self-)care process, due to access barriers represented by difficulties in using services with resolution.

> We try in various ways to make health care closer to what we are doing. To do it together too! [...] some BHU are more of a partner and we see that they have a lot to do, while in others the manager pretends to be busy so as not to talk to us. (CSO volunteering 10).

Intervention and research: action-reflection-action as a process of (trans)formation

According to the CBPR conceptual model's intervention and research axis, it is highlighted that the process of training and transformation of community members, community leaders and participating researchers was significant in the sense of the growing process of studying, knowing, practicing, sharing and disseminating in community and academic spaces, (self-)care practices and experiences lived in Parelheiros.

It was clear that the way the research was conducted led to the identification of people from the community as educators and people of reference within and outside Parelheiros, strengthening the values cultivated among them. For participants, the

daily recording of activities and analysis of EWP as tools for action-reflection-action ensured the participation of all those involved in a collective construction of "our PhD degree":

> Seeing ourselves not as research objects, but rather as individuals in action. Our PhD degree brings strength when we talk about care and respect. We are building history together. (CSO volunteering 3)

> Thinking about our PhD degree, the research design fell short. Mindfulness was and is transformative, but it provides a basis for going beyond it. It enhances the search for other ways of caring for oneself and the team. (University education 1)

Participants reported frequent discussions about social issues and meditative practice ((self-)care), and how these contributed to a greater awareness of how the community is and can expand the possibilities for making fairer decisions.

> The spontaneous process of caring for the community was important to recognize that one was capable of caring for oneself and caring for other people. (Community network 4)

The COVID-19 pandemic did not prevent actions because communication channels were created for (self-)care practices, such as WhatsApp groups, individual and group video calls, face-to-face conversations and sending of information to trigger discussions on the topic. The community was empowered and incorporated practices, conducting them creatively (music, dance, art, etc.). The research helped to make existing practices visible, to incorporate the meditative practice into the Team's daily routine and to enable implementation in other locations.

> Practices in meetings expanded to include the team's appropriation and integration with other actors (university, courses, community, etc.). It was introduced with great meaning and in a very structured way, on several levels. "Yeast" - how it grew. It is a wave; waves of care. (CSO coordination 3)

Results: emotional literacy should be a human right

According to the "Results" axis, for participants, meditation is for anyone who wants it and people in situations of social vulnerability should not be excluded. Taking care of the body and mind is a right for everyone. The group noted that the course helped them live in the present moment, become aware of the impermanence of life, develop and understand empathy, compassion and resilience, reduce stress and anxiety among the Team, and work to promote community well-being, especially through dialogue and practices.

> I used to think that compassion was pity, but today I realize that what we do is compassion, and this is in relation to myself. Talking about this helps us become stronger and understand other people too, which is why the courses are important. (Beneficiary 6)
>
> Interventions with the team help to help. Welcoming without judgment: sometimes Mobilizing Mothers talk and sometimes they just listen. (CSO volunteering 5)

Community representatives and CSO talk about offering the meditation course to more people, especially the support network (education, health, social services etc.). For them, the people who care for the community need to be cared for. This was included in the project's EWP and became a reality in the following years, as shown in Table 2.

Table 2. Data on (self-)care practices developed throughout the research by action and type of audience (2019-2022)

Variable	Action/audience	Number of participants
Type of training	CBCT*	53
	MBPM*	24
	SEE Learning§	26
Activities developed with	Educators	52
	Community	5,839
	Students	5,396
Institutions	Territory	25
	Outside the territory	12
Beneficiaries	Direct°	11,390
	Indirect±	43,282

Source: Research data.

*MBPM – Mindfulness Based Pain Management

§SEE Learning – Social Emotional and Ethical Learning

° Reported by CEPI records and partnerships

±Estimate calculated by the average number of people in the direct beneficiary's household.

Source: DIEESE

Participants highlighted the importance of the researcher's work in strengthening the bond, access and translation of knowledge related to meditative practices, making them more accessible. There was appreciation, in the sense of validating previous practices carried out by the collective and community that were dormant or not explicit.

> Actions that continue in the community [...] some mothers are already noticing that they are different after the meditation group that Thais is leading in the community. (CSO volunteering 6).

> The meaning that is being given to academia is being redefined. Research only makes sense when we make changes. That is what I see here, transforming actions. That is what academia needs (University education 3).

Another topic raised was the strengthening of spaces for genuine listening by and for the community, which allowed for the care of the mind and heart, becoming part of the community's repertoire. According to the community and CSO, practices were valued and it is necessary to root them in individual and collective daily life. This action made it possible to identify one's own processes and respect others' processes. They showed that (self-)care practices promote mental health and need to reach other people and communities.

As shown in Table 2, quantitative data were collected from CEPI's daily activity report and provided by partners, covering two years of work. The activities were developed by volunteers trained in meditation courses. The courses were offered to teams, professionals and leaders. Participants and the lead researcher facilitated (self-)care practices, impacting more people and communities.

> When we feel welcomed, we realize that the community feels it and responds, through speech and participation. When we approach our partners with a willingness to talk, knowing what we are talking about, we feel safe and our partners receive it in a different way. The union of other women, who help each other and seek references from the team to help. (CSO volunteering 2)

Practices of (self-)care and social justice

When analyzing EWP comparing what was done between the beginning and end of this research (Table 1), in the "Team care" dimension, changes in structure were pointed out related to the number of questions, expansion of activities more focused on what they believe guarantees care, more structured indicators for monitoring and better definition of time and those in charge of the dimension.

Chart 1. Evaluation work plan - Center of Excellence in Early Childhood in São Paulo

Dimension	Questions	Activities	Indicators	Audience	Time and people in charge
Team care (2018)	1. How to maintain team commitment, participation and morale?	1.1 Ongoing rounds of conversation on relevant topics, such as pregnancy, childbirth, child development and growth	1.1 Request for topics, participation, team involvement, richness in discussions	Team	1.1 Coordination PhD research
	2. How to take care of the team?			2.1 Mobilizing Mothers and development agents	2.1 Coordination and Mobilizing mothers
		2.1 Encouragement of self-care, such as discussion module, compassion training, monitoring 2.2 Group activities, such as massage, relaxation, games	2.1 Adoption of self-care, more collaborative attitudes, communication that values the culture of peace, expansion of the dialogue on compassion, community with healthy and compassionate actions, reports of improvement in symptoms of anxiety or depression. Sense of belonging and improved concentration 2.2 Multiplication of actions, report of calm and improvement in self-care 2.3 Team harmony, joy of belonging to CEPI	2.2 Team	2.2 Coordination and Mobilizing mothers
		2.3 Celebrations		2.3 Team	2.3 Coordination
Team care (2022)	*1. How to maintain commitment within the team?*	1.1 Ongoing training on relevant topics such as pregnancy, childbirth, child development and growth, family and social movements	1.1.1 Request for topics 1.1.2 Team participation 1.1.3 Number of topics covered during the year 1.1.4 Production of audiovisual material and exposure on social media 1.1.5 Safety report to address topics	1.1 CEPI team	1.1 Biannual Mobilizing mothers
		1.2 University partnership	1.2.1 Application of scientific extension projects developed in partnership 1.2.2 Number of team members studying in higher education 1.2.3 Reports on the connection between theory and practice	1.2 Teams and universities	1.2 Biannual Coordination and local management

continue...

Dimension	Questions	Activities	Indicators	Audience	Time and people in charge
	2. How to ensure excellent team care?	2.1 Self-care practices: - Mind, body and heart care/meditation - Aesthetic and physical care - Loving dialogues	2.1.1 Appropriation of self-care in everyday speech 2.1.2 Team reports on emotional and physical health	2.1 Team	2.1 Quarterly Local management e Mobilizing mothers
		2.2 Encouragement and guidance for individual micro-entrepreneurs (MEI) registrations for Mobilized Mothers	2.2.1 Number of team members registered as MEI	2.2 CEPI team	2.2 Punctual Local management
Team care (2022) Team care (2022)		2.3 Group activities, such as massage, relaxation, guided meditation, games, picnics, going to the theater, cinema	2.3.1 Report of calm and improved self-care 2.3.2 Report of improved team relationships 2.3.3 Increased number of activities by team members 2.3.4 Appropriation of self-care perceived by the team 2.3.5 More collaborative attitudes 2.3.6 Communication that values a culture of peace 2.3.7 Report of reduced symptoms of anxiety and stress 2.3.8 Sense of belonging and improved concentration	2.3 CEPI team	2.3 Quarterly Coordination and local management
		2.4 Happy hour among CEPI teams	2.4.1 Perception of team harmony and joy of belonging to the Center of Excellence	2.4 CEPI team	2.4 Quarterly Coordination and local management
		2.5 Tours	2.5.1 Number of members learning new repertoires 2.5.2 Report of more creative members 2.5.3 Team members applying knowledge acquired outside the territory	2.5 CEPI team	2.5 Quarterly Coordination and local management

continue...

Dimension	Questions	Activities	Indicators	Audience	Time and people in charge
Team care (2022)	*3. How to promote good interaction between CEPI and other CPCD and IBEAC projects?*	3.1 Rounds of conversation about feelings and emotions	3.1.1 Teams working together 3.1.2 Problem-solving calmly	3.1 CEPI, PSTA, BCCL, Amaras, *Acolhendo* and *Vozes*	3.1 Biannual Coordination and local management
		3.2 Moments of relaxation. Happy hour with all the groups	3.2.1 Teams in harmony 3.2.2 Teams thinking about projects collectively	3.2 CEPI, PSTA, BCCL, Amaras, *Acolhendo* and *Vozes*	3.2 Biannual Coordination and local management
		3.3 Celebrations of achievements and special dates (birthdays, June festivals, end of the year)	3.3.1 Perception of team harmony 3.3.2 Report of joy/ satisfaction in being part of the Center of Excellence 3.3.3 Report of joy/ satisfaction in being part of IBEAC/CPCD	3.3 CEPI, PSTA, BCCL, Amaras, *Acolhendo* and *Vozes*	3.3 Biannual Coordination and local management
	4. How can we call on men to build our village?	4.1 Training for men from CPCD/IBEAC teams (Demystification of taboos about motherhood and fatherhood. Paternal empowerment work)	4.1.1 Number of meetings held on the topic 4.1.2 Critical and reflective reports on the activity 4.1.3 Men engaged in combating sexism 4.1.4 Men engaged in caring for early childhood	4.1 CPCD/ IBEAC male team	4.1 Biannual Coordination and local management

Source: the authors.

Participants increased the number of questions related to commitment and care with the CEPI team. Interaction with other projects and the call for cisgender men to train and work in early childhood were included. Activities and indicators were systematized and appear more aligned with the local reality. Meditation practice appears incorporated into the community's daily actions from an individual and collective perspective. The indicators of the initial version of EWP were thoroughly assessed by the collective, especially by community representatives.

It is clear, in the analysis of narratives, in the moments of discussion, that there was a greater awareness of symptoms, identification and management of anxiety and stress. They also noticed an improvement in concentration, but claim that more in-depth practice is necessary.

> I feel like I'm more aware of self-care, but last year I talked a lot about it and this year I need to and I think we need to practice it more. Do more practices so we don't get sick and live a lighter life. (CSO volunteering 8)

> When I took the course, I realized that I needed to know myself better. I came into contact with very difficult situations that I knew about but didn't pay attention to. I sought therapy to help me. I see that all of this helped me become more aware. I learned what it means to love. (CSO volunteering 7)

In the changes to EWP, the group expanded indicators, such as narratives about (self-)care, changes in behavior, improvement in relationships and emotional balance. Participants evoked connections between teams, universities (research, extension, admission), local partners (exchange of knowledge and celebration of life), training (individual and collective) and employability (better conditions), highlighting these topics in the new format. These are presented as goals to be pursued and for them are linked to the search for excellence in "Team care".

> I am very grateful for these learning opportunities. I am grateful for how much I have improved as a mother, a woman, and a person. And just as I am having these opportunities, I want to be able to help other women so that they can help others and thus become a great support, shelter, and self-care network. (CSO volunteering 9).

> This whole process is helping us see what we need to improve in our community and for ourselves. We are seeing that it is important to work in partnership, learn about other realities, and secure employment. This year we are going to try to at least have a MEI, because what will happen to retirement? (CSO volunteering 4).

The Team's narratives generated action-reflection-action topics such as: women are the focus for achieving the cause; the organization of actions in an individual and collective sense is fundamental; the need to form more partnerships generates mobilization; active participation in councils, committees, and work groups makes explicit the need for (self-)care with excellence; ensuring diversity and access has become a banner; incorporating the cause of self-care enables mothers/women to be more present; we cannot stagnate, we need to expand, advance, reach other communities.

> After reliving so many memories, looking back on so many things that have happened in recent years, it does us good to relive them. It helps us not to lose ourselves, to see that we have strength. It only reinforces the importance of ensuring that our children grow up to be empowered, generous and human adults. (CSO volunteering 11).

Discussion

In short, even amidst the COVID-19 pandemic, the narratives positively express the appropriation of self-care, more collaborative attitudes, communication for peace, increased dialogue within the Team and an increased sense of belonging. These are actions that directly affect the complex dimension of well-being.

Furthermore, ethics and aesthetics in education can be translated as the beauty of teaching and learning with meaning and the beauty of being human. This constant, dialogical and dialectical exchange has the potential to generate autonomy, political awareness and collective care (Almeida; Silva, 2021). This sharing of knowledge between different and similar people makes this process plural, with many voices and alternative proposals for well-being promotion. Well-being is understood as a process that permeates individual experience, and is realized in collective coexistence, in connection for individual and collective transformation.

Hence, the data described in this article offer information that encouraged future research on meditative practices (teaching and learning) to promote well-being in the collective dimension in peripheral communities (human being).

The results showed that participants were mostly young, women, black and from peripheral communities, and that institutions that work in the field were actively involved. Studies have shown that it is necessary to understand social barriers and invest in research with vulnerable populations, especially black and Latino women (Collins; Hines, 2021). This population is more exposed to vulnerabilities that prevent them from taking care of themselves (Fontes, 2018). Thus, the intersectional approach allows us to look at the social place and the production of experiences, mediated by a complex tangle of identities that, if considered in practices, daily relationships and territories, can provide authentic care, make subjective violence visible and strengthen spaces of complicity (Fontes, 2018; Lorde, 2020).

The sociodemographic characteristics of peripheral communities, which determine their living and working conditions, represent challenges for implementing Integrative and Complementary Practices in Health within the Brazilian Health System (In Portuguese, *Sistema Único de Saúde*, SUS). Paying attention to this point, investing in education strategies that consider unequal realities, marked social differences, implies recognizing the effects of intersectionality in the production of these health inequalities (Tavares; Kuratani, 2020). For Freire, education is sharing, it is a communion of knowledge (Sevalho, 2018).

The contextualization of how participants see the territory, with its social weaknesses and collective potential, combined with research with the community on ways to promote health and well-being and the CBCT® strategy, made it possible to highlight the combined and systematic forms of oppression and signal alternatives

for reducing suffering as well as resources for their involvement in movements and strategies for transformation.

Critical reflection on social inclusion and the movement to combat inequities need to happen in an organized, collective manner and with the appreciation of self-care also from a perspective of self-preservation (Tavares; Kuratani; Lorde, 2020).

Health and well-being need to be constantly constructed and reconstructed from the multiple perspectives of the outskirts (D'Andrea, 2020). To this end, relying on critical-reflective pedagogical proposals can facilitate collective (re) construction. The meditation program and its approach in individual, social and global dimensions promote a conscious reading of oneself and the world and engagement for equity (Ash *et al*., 2021).

The collective identifies exchange, coexistence and cultural humility as driving forces in the relationship with partnerships (Santana, 2018). Studies that address topics with CBPR show that intentionally seeking equity in partnership means creating communicative spaces for dialogue about social inequalities and partnership processes (Parker *et al*., 2020). The movement of reflecting on action in a collaborative manner strengthens the democratic process, breaks with the monopoly of words and shows the face of the Brazil we want (Freire, 2015).

Identifying active partners and others who should be involved in this dialogue demonstrates prosocial and altruistic behavior, but not naive behavior. For more global changes, partners are needed who are willing to give up colonizing practices (D'Andrea, 2020). Meditating on compassion intensifies the desire to help others, brings greater awareness of reality, and makes this practice more spontaneous in daily life. It also helps to increase personal resilience, grounding the person in realistic perspectives of themselves and others (Ash *et al*., 2021).

The "research" journey reinforces the importance of participatory action research as a strategy for popular health education, and contributes to transforming/training unique individuals. From a reflective and dialogical perspective, transformation takes root in the community (Ash *et al*., 2021). For those who take a stand, transformation happens in all their spaces of action and coexistence, because these human beings become living witnesses of self-transformation and provoke social transformation (Freire, 2015).

Thus, the fight to guarantee rights is constant, especially for peripheral populations, aware of their social inclusion. Studies show different themes, but the background is

the same, rights for everyone (Buss; Galvão, 2019; Lopes, 2022). In this regard, the discussion about the right to emotional literacy, as a resource for health and for the fight for other rights, has become a topic in CEPI's rounds of conversation.

It was observed that the experience with CBCT® sparked curiosity about a topic that is little invested on the outskirts, meditation (self-care) and mental health, especially for black women/mothers. The existence of a racialized mental health policy is a distant goal that requires political struggle, social organization and collective persistence (Tavares; Kuratani, 2020). This group took a stance in this direction of persistence and organization, experimenting with practices, inviting others to experiment from a collaborative perspective, invoking that future generations may have access to them (Freire, 2015; Tavares; Kuratani, 2020).

The narratives reveal respect, in an ethical and loving manner, for local culture, bodies, personal stories, especially their suffering, providing an increase in the repertoire of social skills and promoting self-compassion and individual and social well-being (Biana, 2021; Miller-Karas, 215; Lorde, 2020).

The "Team care" experience with CBCT®, its practice and critical reflection by the collective were drivers of autonomy and leading role. It begins with individual transformation, with a focus on women. Women, mothers, black women and women from the outskirts of the city mobilized others to raise awareness that we are all connected, that (self-)care is necessary and that we have the potential to ensure social equity, so we shall keep hoping!

These interpretations should be analyzed with caution due to the specific scenario. It is important to highlight some limitations so that other studies can be carried out with due observations: insufficient time for analysis and validation of categories with all participants; the context of the COVID-19 pandemic; the main researcher's social position in relation to the white, academic community and exercising a leadership role. Concerning this last point, listed as a limitation of this research, it is worth noting that, aware of the structural aspects involved in this discussion, the main researcher developed skills, sensitivity and cultural humility capable of minimizing asymmetries in daily relationships with the people participating in the research. It can be said that the self-knowledge that meditative practices provide contributed to making these encounters of differences possible, healthy and productive.

Final considerations

Promoting well-being for vulnerable populations is a complex public health and social issue. Reflecting and acting collectively to change modes of social (re) production that modify and break with established logics from FOR the population to WITH the population is what this study demonstrated in the application of CBCT®. The knowledge, perceptions and practices of people involved showed that it effectively promoted well-being in the collective dimension in peripheral communities of the city of São Paulo, Brazil. Peripheral praxis and intersectional analysis were fundamental to promoting spaces and processes of emotional literacy and social awareness. Collective construction, from a participatory perspective, encouraged the plurality of voices and the strengthening of dialogicity and dialectics, through action-reflection-action. This process facilitated the incorporation of meditative practices, the decision to rename them as self-care practices for the body, mind and heart, a way to break with prejudices and engage the community in disseminating them as strategies for (self-)care and appreciation of social equity and, consequently, well-being promotion.

Therefore, it is recommended that new research in peripheral contexts is necessary to deepen the assessment of the effects of this training on well-being in the collective dimension.[4]

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Notes

[1] Adaptation to Brazilian Portuguese: F. C. Kolchraiber and M. B. de M. Soares.

[2] Laboratório Fantasma. AmarElo Prisma.

[3] For the collective, the practice of meditation was assumed as a practice of (self-)care.

[4] F. C. Kolchraiber and K. M. J. de Souza: responsible for all aspects of the work in ensuring the accuracy and integrity of any part of the work. L. H. Tanaka: relevant critical review of intellectual content. L. T. Negi: conception and design; relevant critical review of intellectual content. R. L. dos S. Nunes and E. S. de Souza: writing of article and relevant critical review of intellectual content.

Resumo

Vulnerabilidade, meditação em compaixão e bem-estar: pesquisa participante baseada na comunidade

Objetivo: Compreender e avaliar os efeitos do Treinamento Cognitivo de Compaixão (CBCT®) na promoção do bem-estar coletivo em comunidades periféricas. **Método:** Pesquisa-ação-participante com pessoas em situação de vulnerabilidade social em São Paulo, Brasil. Dados qualitativos oriundos do modelo de Pesquisa Participante Baseada na Comunidade, Rodas de conversa PPBC® (n=41), Plano de Trabalho Avaliação (n=18), observação participante e quantitativos de relatórios institucionais foram analisados com os *softwares* WebQDA® e Excel®, respectivamente. **Resultados:** Mulheres (93%), negras (78%), idade média de 37 anos, moradoras de comunidade periféricas (73%). Diretamente, a intervenção beneficiou 11.390 pessoas e, indiretamente, 43.282. Categorias analisadas: Opressões estruturais e autonomia individual; (Auto)cuidado gera empoderamento coletivo; Ação-reflexão-ação processo para (trans)formação; Letramento emocional como direito humano; e Práticas de (auto)cuidado e justiça social. **Conclusão:** O CBCT® promoveu efeitos positivos no bem-estar na dimensão coletiva. A metodologia crítico-reflexiva promoveu o engajamento comunitário e o letramento emocional, contribuindo para a valorização da equidade social.

➤ **Palavras-chave:** Compaixão. Meditação. Vulnerabilidade Social. Promoção da Saúde. Pesquisa Participativa Baseada na Comunidade.