


INTEGRATIVE COMMUNITY THERAPY: REPERCUSSIONS ON WORKERS IN A MUNICIPALITY IN THE STATE OF PARAÍBA

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ABSTRACT

Objective: To know the repercussions of integrative community therapy (ICT) on professionals in a municipality in Paraíba. **Methodology:** This is an exploratory-descriptive study with a qualitative approach, the technique used was Bardin's content analysis. Workers from the Specialized Reference Center for Social Assistance, the Reference Center for Social Assistance, the Family Health Support Center and the Popular Education Center of Nova Palmeira, Paraíba, participated in the research. **Results:** After discourse analysis, the following empirical categories emerged: Benefits of ICT: Resignifying the way of being in which it was observed that there were positive repercussions both in the personal and professional lives of workers; and ICT Circles and their main limitations according to the participants. **Conclusion:** The activity enables new ways of relating collectively to the other. It is noticeable that the use of this tool provides the development of empathy, resilience, self-esteem, among others. Thus, it becomes necessary to have a greater dissemination of the ICT circles to workers and the general community, thus allowing it to become a means of social inclusion.

Keywords: Integrative community therapy, Complementary therapies, Mental health.

INTRODUCTION

Integrative Community Therapy (ICT) is a space that enables the exchange of experiences in which the individual feels welcomed and, in view of this, feels comfortable to expose their feelings (Silva et al., 2020). In this context, the circles are conducted by one to three therapists with specific training for this, which allow the construction of solidarity networks, appreciation of the participants' speeches and culture, being a favorable therapeutic process in the context of health services (Scholze, 2020).

It is a therapeutic modality created in 1987, in the Brazilian northeast and, due to its trajectory and relevance, it was inserted in the Unified Health System in the National Policy of Integrative and Complementary Practices (PNPIC), in 2008 (Lemes et al., 2020). As a therapeutic process, ICT occurs in several municipalities in all Brazilian states, as well as in other countries such as France, Switzerland and Mexico, still expanding with proposals for training professionals to strengthen the bond between the community and health professionals (Silva Franco et al., 2020).

Professionals are faced with conflicting situations that generate stress and this reflects negatively on the work performance in which they work. In this way, ICT can be beneficial for workers, being able to collaborate in the challenges faced in the work environment, improving self-esteem and personal relationships (Reis, 2021).

Thus, knowing the existence of ICT circles in the municipality of Nova Palmeira, Paraíba, the following guiding question was used: What are the consequences and challenges listed by professionals in the municipality of Nova Palmeira in the face of the experience in Integrative Community Therapy?

This study will contribute to increasing scientific knowledge on the subject, strengthening the need to carry out ICT circles in the municipalities of Paraíba and stimulating health professionals, education, people from the community, religious leaders and others interested in taking the preparatory course to become community therapists.

OBJECTIVE

To know the repercussions of Integrative Community Therapy on workers in a municipality in Paraíba.

METHOD

This is an exploratory, descriptive study with a qualitative approach. The purpose of this type of approach is to narrate, classify and descriptively record the subjective and personal experience of phenomena (Polit; Beck, 2019).

The research subjects were 14 workers from various areas of the Social Assistance Reference Center (CRAS), Specialized Social Assistance Reference Center (CREAS), Family Health Support Center (NASF) and Popular Education Center (CENEP) in the city of Nova Palmeira/PB. The inclusion criteria were based on workers from these places, who participated in the extension project "Community Therapy as a Liberating Practice" and at least two conversation circles.

The empirical material was obtained from interviews recorded with the help of a semi-structured script. These were carried out with prior scheduling according to the availability of the participants. Then, the material was collected and analyzed using Bardin's content analysis technique (Camara, 2013). Initially, a detailed reading of each text was made and then two thematic categories emerged: Benefits of Integrative Community Therapy: Resignifying the way of being and ICT Circles and their main limitations according to the participants.

This research was initiated after appreciation and approval by the Research Ethics Committee (CEP) of the Alcides Carneiro University Hospital of the Federal University of Campina Grande (HUAC-UFCG), whose approval was given under the CAAE number: 90712518.3.0000.5182. To ensure the anonymity of the participants in this research, initials P1 to P14 were used, as this study was based on resolution 466/2012 of the National Health Council on research involving human beings (Brasil, 2012).

RESULTS

Among the 14 participants in the study, 91.1% declared to be female, aged 30 to 59 (71.6%), single (57.1%), mostly teachers (35.7%).

Table 1: Distribution of participants by sociodemographic characteristics.

Variables	N	%
GENDER		
Female	13	91,1
Male	1	8,9
AGE GROUP		
(18 to 29)	2	14,2
(30 a 59)	10	71,6
(60 years and older)	2	14,2
MARITAL STATUS		
Single	8	57,1
Married	4	28,6
Stable union	2	14,3
WORKERS		
Teacher	5	35,7
Social Worker	3	21,4
Nurse	1	7,1
Psychologist	1	7,1
Public servant	1	7,1
Bolsa Família Manager	1	7,1
Library Helper	1	7,1

Source: Data from the Researchers, 2018.

CATEGORY 1: BENEFITS OF INTEGRATIVE COMMUNITY THERAPY: RESIGNIFYING THE WAY OF BEING

It was possible to identify some benefits from the participants' speeches, including self-knowledge.

[...] I went deeper into myself, my relationship with people improved and I started to trust myself more, in myself [...]. (P10)
 [...] To know my self better [...]. (P11)
 [...] I learned to know myself better [...]. (P14)
 [...] It was from community therapy that I sought to know myself better, that I began to balance myself [...]. (P5)

It is verified that participation in ICT circles contributes to the development of empathy.

[...] You understand the other more, you learn to listen [...]. (P2)
 [...] When you participate in the circle that see problems that are sometimes more serious, or as serious as yours, then you see that in the world it is not only you who is going through problems, and that the problems worked on have a solution [...]. (P3)
 [...] You start to be more available to listen to the other, to have more respect for the other's story [...]. (P4)

Another benefit, identified in the participants' statements, was the recovery of self-esteem.

[...] My relationship with people improved and I started to trust myself more [...]. (P10)
 [...] It raised my self-esteem and strengthened the aspect of autonomy [...]. (P8)

The ICT circles also enable the enhancement of individual and collective resources, such as teamwork, in the group or in the community.

[...] Understand how the dynamics of teamwork work [...]. (P1)

[...] A collective vision [...]. (P7)

[...] Learning to work in the community, as well as in a group [...]. (P9)

[...] So, this factor of talking, of sharing some problem with other people, is a benefit [...]. (P6)

Resilience was also one of the benefits identified after participating in the ICT circles.

[...] I was separated with two minor children in my care. And I felt overwhelmed by having to work, take care of them and support the house alone, without the presence of men. And sometimes I felt guilty for spending a lot of time away (working) and having to leave them under the responsibility of third parties (domestic helpers) and not being able to pay more attention to them, in order to make up for the lack of the father's presence at home. But as the circle took place, other people's experiences were shared and the examples of overcoming exposed, I gained courage and recognition of my inner power. To be able to deal with adversities like these. And it became clear to me the ability I have to take responsibility and handle it with all the necessary commitment. I became stronger and more loving with myself!! [...]. (P8)

CATEGORY 2: ICT WHEELS AND THEIR MAIN LIMITATIONS ACCORDING TO THE PARTICIPANTS

In this research, it was possible to identify some difficulties reported by the participants, such as: Fear of exposing problems, difficulties in speaking in public and obeying the rules.

[...] Difficulties in public speaking [...]. (P13)

[...] I find it difficult to talk about myself, about myself, to obey those rules [...]. (P5)

[...] I was afraid to expose my problem, to feel a little shy [...]. (P8)

DISCUSSION

According to Table 1, it was possible to verify that in the present study the participation of women in the ICT circles predominated. The occurrence of women in groups or therapies of this magnitude happens because these people find it easier to expose their difficulties, as well as to seek services or actions that offer care for their health in some way. This result corroborates the data found in the study of the more frequent presence of women in ICT (Oliveira, 2023).

Regarding the predominance of teachers in the ICT circles, they suggest that the demand for these professionals, Community Therapy provides spaces that allow this public a sense of belonging, in which there is a welcome through attentive listening to the

concerns caused by the overload of activities and the responsibilities existing in the practice of teaching and that in this space, they have the opportunity to talk about themselves and share their experiences in a horizontal and circular way (Carvalho et al., 2021).

In this study, the prevalent age group was from 30 to 59 years old, this result differs from the studies in which they highlight that the predominance of participants in the ICT circles found in their studies are elderly (from 60 years of age). It was found in the studies by Lemes (2020), that most of the research participants declared to be single, a prevalence also found in the study in question.

ICT is an Integrative and Complementary Practice recognized for providing benefits to its participants, proving to be relevant both individually and collectively (Brasil, 2018).

According to Barcelos (2022), self-knowledge allows the individual to be able to rediscover himself, in a lighter way, to understand the attitudes and behavior of himself, as well as to analyze and better understand the other. This possible transformation only occurs from an individual's commitment to himself. From this perspective, as the individual begins to accept and love himself better, consequently, he becomes a watering being of potentialities and skills to solve everyday situations and care for others.

Care for the other can also be favored by the development of Empathy, which is defined as a way of putting oneself in the place of others, using emotions and feelings, seeking to understand what the other feels and experiences (Santos; Roman; Engstrom, 2018).

In the studies by Wenzel and Richter (2019), they point out that the exercise of listening opens up a range of opportunities, and can lead to a new way of thinking and acting. The practice of listening makes there a greater sensitivity towards the other. In this sense, listening becomes a fundamental element in ICT, because from the moment the individual silences his inner self and is attentive to what the other has to say, the power of empathy is developed with a look centered on the individual, thus establishing trust in the group and increasing bonds.

In this way, the listening process also becomes a constituent element of therapy, because, through it, individuals begin to recognize the different moments of the other's life, understanding their attitudes (Santos, 2022).

For Oliveira et al (2021), self-esteem allows the individual to be willing to face challenges that sometimes seem impossible to achieve. By rescuing self-esteem, the individual becomes more self-assured, able to admit his mistakes and (re) build new

attitudes and behaviors, serving as a guide for the pursuit of his desires and, supposedly, happiness. Therefore, the ICT circles favored the participants to recover their self-esteem (Souza; Ram; Melo, 2020).

ICT is a tool with groups that occurs with participants arranged in circles, favoring communication without hierarchy, thus, from the moment members share their problems in collectivity and the ways found to face them, these moments become therapeutic, providing greater integration of the group, thus generating feelings of affection and empathy (Barreto, 2019).

In Wolff's (2022) studies, ICT consists of a therapeutic proposal, which seeks to intervene in the forms of organization of common groups in more collaborative and participatory communities, through which there are no spaces for judgments, but rather that subjects find support and help and start to be seen as people capable of reconstructing their stories, without losing their identity, that they care about themselves, being part of a community, in which they are a fundamental part of coping with everyday situations.

In this sense, the ways of conducting groups are organized in a horizontal way, in which collective knowledge and skills are valued, in this way, participation in the group allows the subject to feel inserted in society, since it contributes to a support network that enables autonomy, independence, self-determination, in addition to improving emotional issues. In this process of exchanging experiences, the subject starts to allow himself, face and overcome day-to-day adversities, thus favoring resilience (Jean, 2019).

Resilience is an essential pillar in ICT, being defined as the act of transforming life's adversities into opportunities for growth, in which, during moments of difficulty, the individual is able to rescue from himself the necessary strength to face his sufferings and, thus, learn from each one of them (Deus, 2018).

The author also points out that resilient individuals are more successful in life, as they can learn that in each obstacle there is always a new chance to get back on their feet and balance themselves with more strength and responsibility, and thus, interact better with the people around them.

In ICT circles, the theory of communication is used, in which every action or act is a source of information transmission, through which when an individual starts to communicate with another, the opportunity is given for him to define himself, and gain awareness of his own self (Barreto, 2019).

Thus, the literature mentions that methodologies of participation in groups that use communication as a form of expression of feelings and values can generate a certain shyness in the participants, since the exposure reveals to the other an unwanted attention and, out of fear of exposure, the subject uses silence and isolation as a form of defense. From this perspective, the studies of Machado (2022) emphasize that shyness and fear are interconnected, because in both, there is insecurity in the way of speaking and expressing oneself.

The fear of public speaking can directly affect self-esteem and can cause feelings of sadness and frustration for not being able to transmit orally what is desired. This fear can be caused by a lack of experience and planning, which negatively influences the narrative of the discourse (Miranda et al., 2020).

According to Conceição, (2019), in therapeutic groups, individuals are initially afraid to expose their problems and difficulties to other people, because they are still in an unknown environment and people. However, as a way to break with the fear of communication, it is necessary to establish a stimulus to clear language and to ensure confidentiality and respect for the other's opinion in the meetings, thus stimulating the sharing of experiences.

Integrative Community Therapy emerges as a care tool that stimulates the participants' speech in all stages (welcoming, choice of theme, contextualization, problematization and closure) that involves the practice (Moura; Olegário; Braga, 2019).

In the welcoming stage, the co-therapist welcomes everyone, clearly explaining the process of driving the circles, at this moment dynamics can be carried out for greater group interaction, on the occasion it is explained that if someone remembers verses, poems, songs that are related to the theme, they can be mentioned, precisely so that the subjects feel valued in the cultural context (Barreto, 2019).

In the presentation of the themes, the community therapist asks the participants: "Who would like to speak?", from then on, some people are willing to speak and this act stimulates even those who until then, could be afraid to communicate in the group (Jean, 2019).

In a next stage, contextualization, the participant who had his theme chosen, exposes in greater detail about his problem. When speaking, the participant manifests not only the problem, but also exposes his feelings and uncertainties, becoming, therefore, a guiding source for the group's reflection, which later in the problematization phase will be

given the opportunity to the group to share life experiences and overcome similar to the problem initially listed. This movement of speaking and listening in ICT establishes recognition, trust, and appreciation of the discourse among the members of the group (Misici, 2022).

At the end, the therapist thanks everyone for their participation and on the occasion the group makes a general assessment of the circle, and at the end there is a sharing of snacks, ending this therapeutic moment (Silva, 2021). However, in the circles of Integrative Community Therapy, "people do not communicate only to transmit information, but mainly to gain awareness of their own self".

It is important to highlight that for Community Therapy to happen, some rules are established, such as: Be silent while the other speaks, have respect for the other's life story, do not give advice or make judgments, speak in the first person, among others. One of the participants in the research revealed that he had difficulty following these rules. Professionals from the SUS network in Santa Catarina pointed out that health service users had difficulties following the rules proposed by the ICT (Andrade, 2022).

From the perspective of Souza; Ram; Melo (2020), sometimes, when the rules are not clearly exposed and, when the plausible justifications for the existence of such rules are not presented, the listener tends to have difficulty following them.

The difficulty in following rules was also verified in a study carried out with students from public and private schools, about the use of cell phones during classes, it was found that even though students are aware of the norms and rules established in this environment, whether or not they follow them will depend on agreements established between students and teachers (Gomes, et al., 2018).

FINAL CONSIDERATIONS

Integrative Community Therapy has become an important therapeutic instrument for workers, since it has enabled new ways of working and relating collectively with others. Through this study, it was noticeable that ICT provided benefits to its members, developing empathy, self-esteem, resilience, as well as respect for the life history of others, among others.

In this research, it was possible to verify that ICT became a device of great value for the subject, since it allowed the participants to reflect a little more about themselves and, consequently, recognize their values and competencies.

With regard to the workers interviewed, it is perceived that there was a paradigm shift, because many times, as it is a group therapy, it is believed that only health professionals could participate, and it was revealed, in this research, the predominance of teachers from the education segment.

The weaknesses found in this study point to the subjects' difficulty in expressing their feelings, especially in groups. Speech, not only in the ICT circles, but also in the data collection for this research, was the most prominent limiting factor.

Thus, in view of the benefits that ICT can provide to workers and the community in general, it is suggested that this therapy be disseminated more and that the management enables the offer of training courses in ICT, in order to facilitate the implementation in the municipalities of Paraíba.

REFERENCES

1. Barcelos, A. (2022). Aprendiz de si mesmo: reconheça, conecte e desenvolva suas habilidades socioemocionais | Soft Skills. Viseu.
2. Barreto, A. de P. (2019). Terapia Comunitária: passo a passo (5ª ed.). Fortaleza: Gráfica LCR.
3. Brasil, Conselho Nacional de Saúde, Comissão Nacional de Ética em Pesquisa. (2012). Resolução nº 466, de 12 de dezembro de 2012. Brasília. Disponível em: <https://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>. Acesso em: 04 out. 2023.
4. Brasil, Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. (2018). Portaria n. 702. Política Nacional de Práticas Integrativas e Complementares (PNPIC) no Sistema Único de Saúde. Diário Oficial da União, Brasília.
5. Câmara, R. H. (2013). Análise de conteúdo: da teoria à prática em pesquisas sociais aplicadas às organizações. Gerais: Revista Interinstitucional de Psicologia, 6(2), 179-191. Disponível em http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1983-82202013000200003&lng=pt&nrm=iso. Acesso em: 12 nov. 2023.
6. Carvalho, P. A. L., et al. (2021). Terapia comunitária integrativa e saúde mental de professores universitários na pandemia de COVID-19. Cadernos de Naturologia e Terapias Complementares, 10(19), 129-129.
7. De Andrade Reis, M. L., & Martini, M. da G. P. (2022). A terapia comunitária integrativa (TCI) e o inédito viável do pensamento freiriano. Revista Café com Paulo Freire, 2(02).
8. De Deus, J. C., et al. (2018). Terapia comunitária integrativa: uma tecnologia de cuidado para a promoção da saúde mental em uma comunidade acadêmica. In: 13º Congresso Internacional Rede Unida.
9. De Souza Ramos, S. C., Carneiro, A. L. B., & de Melo, M. N. A. (2020). Conexão Terapia Comunitária Integrativa (TCI) e saúde mental. Disponível em: <https://doi.org/10.26673/tes.v16iesp.1.14303>.
10. Gomes, M. G. da S., et al. (2018). Celular e estudante: uso do dispositivo móvel dentro da escola.
11. Jean, P. (2019). A Terapia Comunitária Integrativa (TCI) como tecnologia social leve para a promoção da saúde e bem-estar social. Trabalho de Conclusão de Curso.
12. Lemes, A. G., Rocha, E. M. da, Nascimento, V. F. do, Volpato, R. J., et al. (2020). Benefícios da terapia comunitária integrativa revelados por usuários de substâncias psicoativas. Acta Paulista de Enfermagem, 33, e-APE20190122.
13. Miranda, H., et al. (2020). Medo de falar em público: estudo piloto da glossofobia em contexto de alunos universitários.

14. Misici, E. G. P., et al. (2022). Análise crítica do discurso da Terapia Comunitária Integrativa: linguagem, poder e efeitos terapêuticos de sentido.
15. Moura, C. N., Olegário, E. A., & Braga, L. A. V. (2019). A Terapia Comunitária Integrativa como instrumento de promoção à saúde de idosos na comunidade.
16. Oliveira, C. A., et al. (2021). Projeto terapêutico singular (PTS): instrumento de cuidado ao sujeito em sofrimento psíquico. *Revista Eletrônica Acervo Saúde*, 13(2), e5709-e5709.
17. Oliveira, T. S. de. (2023). Efetividade das terapias alternativas complementares no tratamento do transtorno depressivo maior: uma revisão integrativa da literatura.
18. Polit, D. F., & Beck, C. T. (2019). Fundamentos da pesquisa em enfermagem: avaliação de evidências para a prática de enfermagem (9ª ed.). Porto Alegre: Artmed.
19. Reis, M. M. A. (2021). Terapia Comunitária Integrativa - uma estratégia de cuidado à saúde do trabalhador em universidade pública. *Cadernos de Naturologia e Terapias Complementares*, 10(19), III Congresso Brasileiro de Práticas Integrativas e Complementares em Saúde.
20. Santos, J. R. X. (2022). Práticas integrativas complementares em saúde na relação com a psicologia.
21. Santos, R. O. M. dos, Romano, V. F., & Engstrom, E. M. (2018). Vínculo longitudinal na Saúde da Família: construção fundamentada no modelo de atenção, práticas interpessoais e organização dos serviços. *Physis: Revista de Saúde Coletiva*, 28.
22. Scholze, A. da S. (2020). Terapia comunitária integrativa na abordagem de transtornos mentais comuns na atenção primária à saúde: uma revisão sistemática. *Revista Atenção Primária à Saúde*, 23(2), 436-453. Disponível em: <https://periodicos.ufjf.br/index.php/aps/article/view/16768>.
23. Silva Franco, A. L., Silva, M. Z., Lopes Ruiz, J. E., & Murcia, M. (2020). O valor da terapia comunitária integrativa (TCI) no Brasil e no mundo: possibilidades, impactos e perspectivas. *Temas em Educação e Saúde*, 16(especial 1), 232-238.
24. Silva, D. L. G., et al. (2021). Avaliação de capacitação para terapia comunitária integrativa em unidades da Atenção Primária à Saúde do município de Carmópolis de Minas.
25. Silva, M. Z., Barreto, A. P., Ruiz, J. E. L., Camboim, S. P., et al. (2020). O cenário da terapia comunitária integrativa no Brasil: história, panorama e perspectivas. *Temas em Educação e Saúde*, 16(especial 1), 341-359.
26. Wenzel, R. A., & Richter, S. R. S. (2019). Entre a presença do ouvir, sentidos a escutar. *Revista Brasileira de Estudos da Presença*, 9.

27. Wolff, E. Á., et al. (2022). Terapia comunitária na FUP-UNB: saúde universitária na pandemia de Covid-19 e na volta às aulas presenciais. Revista Com Censo: Estudos Educacionais do Distrito Federal, 9(4), 158-164.