

**INTEGRATIVE COMMUNITY THERAPY AS A STRATEGY TO SUPPORT
PRIMARY HEALTH CARE**

***TERAPIA COMUNITÁRIA INTEGRATIVA COMO ESTRATÉGIA DE APOIO À
ATENÇÃO PRIMÁRIA À SAÚDE***

***LA TERAPIA COMUNITARIA INTEGRATIVA COMO ESTRATEGIA DE APOYO A LA
ATENCIÓN PRIMARIA DE SALUD***

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ABSTRACT: This article reports on the process of implementing Integrative Community Therapy (ICT) in the Primary Health Care (PHC) of the Health Care Unit Moradias Belém, Curitiba/PR. The relevance of this work takes place in the sphere of welcoming people in psychic distress who seek support in the Single Health System (SUS). PHC is the gateway to the SUS, a public, universal system, hierarchized in attention levels and that proposes care in an equitable and integral manner. PHC is responsible for coordinating care at all levels of care. From this perspective, ICT, as a community-based and systemic care strategy, will be considered Primary Mental Health Care. The project considers the ICT as a scenario for changing professional practice in the area of mental health and a field of in-service teaching for doctors and resident doctors of Family and Community Medicine and Psychiatry.

KEYWORDS: Integrative community therapy. Primary mental health care. Community mental health. Systemic therapy.

RESUMO: Este artigo relata o processo de implementação da Terapia Comunitária Integrativa (TCI) no Serviço de Atenção Primária (APS) da Unidade de Saúde Moradias Belém, Curitiba/PR. A relevância desse trabalho se dá na esfera do acolhimento da pessoa em sofrimento psíquico que busca apoio no Sistema Único de Saúde (SUS). A APS é a porta de entrada do SUS, sistema público, universal, hierarquizado em níveis de atenção e que propõe atendimento de maneira equânime e integral. É de responsabilidade da APS a coordenação do cuidado em todos os níveis da atenção. Nessa perspectiva, a TCI, como estratégia de cuidado com base comunitária e sistêmica, será considerada como Atenção Primária à Saúde Mental. O projeto considera a TCI como cenário de mudança da prática profissional na área da saúde mental e campo de estágio de ensino em serviço para médicas e médicos residentes de Medicina de Família e Comunidade e Psiquiatria.

PALAVRAS-CHAVE: Terapia comunitária integrativa. Atenção primária à saúde mental. Saúde mental comunitária. Terapia sistêmica.

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RESUMEN: *En este artículo se reporta el proceso de implementación de la Terapia Comunitaria Integrativa (TCI) en el Servicio de Atención Primaria (SAP) de la Unidad de Salud Moradias Belém, Curitiba/PR. La relevancia de este trabajo está en el ámbito de acoger a la persona con distrés psicológico que busca apoyo en el Sistema Único de Salud. Salud (SUS). La SAP es la puerta de entrada al SUS, un sistema público, universal, jerárquico en cuanto a niveles de atención y que ofrece una atención equitativa e integral. SAP es responsable de coordinar la atención en todos los niveles de atención. En esta perspectiva, las TCI, como estrategia de atención comunitaria y sistémica, serán consideradas Atención Primaria en Salud Mental. El proyecto considera a las TCI como un escenario de cambio de la práctica profesional en el área de la salud mental y el internado docente en servicio para médicos y médicos residentes de Medicina y Psiquiatría de Familia y Comunitaria.*

PALABRAS CLAVE: *Terapia comunitaria integradora. Atención primaria de salud mental. Salud mental comunitaria. Terapia sistémica.*

Introduction

Primary Health Care (PHC) is considered essential in universal health systems. The global improvements in health of the populations that adopted PHC as a basis are already consolidated, as is the case in Brazil with the Unified Health System (SUS).

The consolidation of SUS is based on the understanding that health services are organized based on an articulated care network, with known and regulated flows, whose objective is to accommodate the needs of users, managers and society, defined by epidemiological, economic criteria and cultural, with Primary Care units as the gateway to the system (BRASIL, 2010). The PHC has the following attributes: attention to the first contact, longitudinality, integrality and coordination of care; as well as family and community orientation and cultural competence (STARFIEL, 2002).

According to the Pan American Health Organization (PAHO, 2011), in the organization of health care networks, PHC should prioritize actions that go beyond medical assistance, structured based on the recognition of the needs of the population, learned from establishing links between service users and health professionals through permanent contact with the territory. The PHC proposes that health care should be centered on the family, understood and perceived from its physical and social environment, in its multiple interrelations, allowing health professionals an expanded understanding of the health-disease process and the need for interventions that go beyond curative practices. Another important attribute is transdisciplinary teamwork, with community health agents (CHA) playing a highly relevant role as a link for living communication between communities and the health service (DUNCAN, 2013).

The conceptual framework that consolidated SUS in Brazil was considered revolutionary, as it built not only a universal public health system, but a new social awareness of health promotion with broad popular participation, from health professionals and public management. At the time that SUS completes its 32 years, a scenario of serious political and economic crisis is observed in Brazil, which threatens not only the system idealized and built to serve everyone equitable and equally, but also the universal right to health, conquered and established by the Brazilian Constitution democratically approved in 1988.

In view of the current challenges in tackling the pandemic due to the new coronavirus, SUS, with its capillarity and commitment from its health professionals, has shown itself to be a robust system, despite the funding deficiencies and the current Federal Government's abuses. It is evident, therefore, the urgency to seek new ways of coping in defense of SUS and all constitutional rights conquered. *#EmDefesaIrrestritaDoSUS!*

It is expected that health professionals, embracing a new posture, learn to value the biopsychosocial and spiritual focus of falling ill by contextualizing the person in their interrelationships, in order to overcome the merely biologicist and mechanistic view of health determinants. Even more when it comes to mental health that brings with it a stigma still very marked in our society (COLVERO; COSTARDI; ROLIM, 2004). This posture enables comprehensive care, with a systemic approach, also considered an educational and transformative activity. For this, it is necessary to change the paradigm both in the professional practice of health workers and in their academic formation in undergraduate and graduate courses.

Faced with this scenario, as Family and Community Physician and Community Integrative Therapist (ICT), I was motivated to share our experience with ICT, which, since 2016, has been offered in the PHC service where I work. This practice has proven to be a therapeutic resource of great impact in addressing the issues of psychological distress in our populations and, as a tutor of the residences of Family and Community Medicine and Psychiatry, linked to the Curitiba Department of Health, I was able to expand the practice of ICT as an internship field in the formation of doctors and resident doctors.

Primary Health Care and Integrative Community Therapy

One of the challenges of PHC is to look at the way of life of the populations and each person, seeking to identify the weaknesses, but also the individual potentials, of the family, social and community groups. The health professional must identify this force capable of

supporting the construction of a process of permanent cooperation, understanding health needs in a broad way and producing shared responsibilities in solving problems and producing health.

In the perspective of expanding the health care network, ICT is now considered as Primary Care for mental health. In addition, it can be a scenario for changing the look and professional practice of the health sector, also contributing to the formation of new professionals by providing an internship field for undergraduate and graduate students in Family and Community Medicine and Psychiatry.

Integrative Community Therapy (ICT) has been shown to be an important strategy in coping with the suffering of SUS user populations. Suffering that often caused by chronic stress, poverty, conditions of violence and social exclusion, in addition to the permanent concern and struggle for the guarantee of material living conditions. It should be added that the latter are currently accentuated by unemployment and job insecurity due to the relaxation of labor laws now in force in Brazil, as well as the impact generated by the social isolation resulting from the pandemic by the new coronavirus.

Since March 2020, around 44 centers across the national territory have had their face-to-face ICT circles suspended by sanitary measures of social isolation in the face of the pandemic. As a care strategy, we opted to promote ICT circles online based on the partnership between ABRATECOM (Brazilian Association of Integrative Community Therapy), APSBRA (Brazilian Association of Social Psychiatry) and the National Coordination of PICS (Integrative Practices Complementary to Health)) of the Ministry of Health, initially to support health professionals in facing the pandemic and, soon after, due to the positive impact of this initiative, participation is open to the general public. We also extended the invitation to the participation of people using SUS in the US under study.

Systemic Integrative Community Therapy

ICT started in 1987, as an extension project of the Federal University of Ceará (UFCE), in support of the community work developed by Airton Barreto, human rights lawyer, in the Community 4 varas of the Favela do Pirambu, in Fortaleza - CE. The ICT was systematized by Adalberto de Paula Barreto, psychiatrist, philosopher, theologian, anthropologist, systemic family therapist, at the time professor at UFCE, with the contribution of several actors (BARRETO; BARRETO; BARRETO, 2011; REIS, 2017). For the past 33 years, Adalberto Barreto has endeavored to disseminate ICT's methodology and experiential practices to rescue self-esteem in Brazil and in several countries. Every day the number of community therapists

grows, consolidating this strategy of great relevance in the management of mental disorders, already integrated as SUS health policy (BRASIL, 2009; BRASIL, 2017). ICT's work is systematized in the book “*Terapia Comunitária - Passo a passo*” (BARRETO, 2008), an indispensable work for those interested in the theme.

ICT is not considered a psychotherapy that is the responsibility of specialized professionals: it is a complementary action. The ICT circle is a community space, for listening and for building bonds around a shared theme. Through its peculiar methodology and integrative dynamics, ICT becomes a safe space for welcoming and sharing. In it, people can open up and share their life stories, their concerns and what they did to overcome their suffering starting from a problem situation brought by the group (BARRETO, 2008; MENDONÇA, 2012).

ICT emphasizes the reception and the recovery of self-esteem, valuing the competence of each person in order to lead them to appropriate their cultural roots. In addition, it seeks to break the bonds of emotional dependence by encouraging self-confidence, the construction of autonomy and libertarian bonds. Supported in the construction of social support networks, it values the knowledge and skills of people, families and communities, also considering technical knowledge, but relying on popular knowledge full of wisdom and supportive vocation (BARRETO, 2008; MENDONÇA, 2012; REIS, 2017). The methodology values competences, so that the group starts to develop and perceive its own therapeutic competence.

The community therapist facilitates the meeting, follows and guides the rules of the ICT and has the function of asking problem questions, raising doubts in the certainties, raising questions and raising clarifying elements to help the person understand his suffering, name his emotions and to realize their competences, often developed due to their own suffering (BARRETO, 2008; REIS, 2017). In addition, it motivates people to always speak in the first person, bringing with them the perceptions of suffering and the possibility of overcoming. Thus, people are encouraged to welcome the other without giving advice, without giving speeches, without making judgments or criticisms. Called to develop attentive listening, they feel in themselves the resonance of the suffering of those who share their pain.

ICT seeks to rescue the resources of the cultural heritage that points the way and contributes to the strengthening of bonds. Each person is invited to contribute their knowledge and cultural identity. The *culture rule* rescues competence resulting from people's life experience. “My first teacher was the child that I was. My competence I learned in the school of life. I am a doctor of my pain [...]”, Adalberto teaches us (BARRETO, 2008, p. 101, our translation), encouraging the autonomy of each person in their search for self-knowledge,

taking for themselves their skills and responsibility for overcoming their suffering, always with community support.

Relational aspects in Community Therapy

In ICT circles, people are motivated to speak. The medicine is the word, from which a network of identifications is built. In this network, the person discovers that the problem is not just hers and expands the possibilities of solution. When the therapist asks, “who here has experienced something like shared suffering and what has he done to overcome the difficulties?” solidarity networks are created through identifications. *Hearing the other's story, I can hear mine. The other helps me to understand myself when talking about himself. When I talk about myself, I help the other to understand himself.*

The community therapist needs special formation, but it does not depend on his education. This formation is regulated in Brazil by ABRATECOM and developed by the formative centers in each Brazilian region. In Curitiba, I am associated with the *Acreditar & Compartilhar* Formative Center.

Pillars of Systemic Integrative Community Therapy

The theoretical axes that support ICT are Systemic Thinking, Communication Theory, Cultural Anthropology, Paulo Freire's Pedagogy and Resilience.

a) Systemic Thinking

The systemic approach contributes to the person's perception within their family, social, cultural context - perception of themselves and within their family relationships, their system of values and beliefs, their interrelationships with the community, with society. It also brings the notion of belonging to a family and social system and, therefore, the relationships that are established. In addition, it makes it possible to understand the genesis of crises, as well as overcoming them, assuming the entanglement in this complex network that aggregates personal, including biological and emotional, family aspects, while considering their ancestry, their transgenerational inheritance and aspects arising from their inclusion in society. In the broadest aspect, it allows the person to also develop co-responsibility in the genesis and in coping with their crises.

Currently, the systemic approach gains strength with the precious contribution of Bert Hellinger, a German thinker who provided us with his phenomenological perceptions through

Family Constellations. His work shows some dynamics at the origin of psychic disorders due to the transgression of the fundamental relationship laws for the homeostasis of family systems systematized by him, such as: the law of belonging, the law of order and the law of balance between giving and taking (HELLINGER, 2001)

From the perspective of ICT, the systemic approach gains relevance when considering suffering from the point of view of the person who suffers, but who is inserted in a trans-generational and social family context. The spider web was chosen as a symbol of this proposal, as it refers to the idea that ICT weaves invisible but strong webs, integrating people through their identification with the cultural values of those who participate in the groups. “Culture is for the individual what the web is for the spider” (BARRETO, 2008, p. 40, our translation).

b) Communication theory

The experience you have of yourself is the result of a communication relationship with the other (CAMAROTTI; FREIRE; BARRETO, 2011).

ICT dives into the Theory of Communication to highlight the fact that the person's awareness of himself is in the relationship with the other, in communication with the other. Communication theory is a living theory that cannot be reduced to the field of ideas, as it emphasizes a practice of life - it takes place in life; in the personal interrelationships that integrate people. All human behavior has a communication value (BARRETO, 2008).

The body speaks, as Weil and Tompakow (1975) remind us. The community therapist has the task and the commitment to be attentive to the different forms of communication. In addition to communicating clearly and openly, without ambiguity, you must pay attention to the body language of the group participants; should try to understand the subtle messages of non-verbal communication, interpret related emotional symptoms; reinforce individual and collective self-esteem; exercise active listening, respect, empathy and invite everyone in the group to do the same; encourage the use of songs, verses, poems, jokes, proverbs that can communicate and bring up the feelings involved in the suffering of those who share or even slogans or orders of help to overcome the problems addressed.

As the founder of ICT says, “when the mouth is silent, the organs speak and when the mouth speaks, the organs heal” (BARRETO, 2014, p. 15, our translation). In the biopsychic field, when I have pain in my body, when I have gastritis, what does my body want to communicate? In the social field, when violence increases, what does society want to shout? How does this affect the bodies of people and communities?

c) Cultural Anthropology

ICT is also based on the study of Cultural Anthropology, since by highlighting the cultural identity of social groups in their diversity, it values and expands the possibilities of self-knowledge, personal growth and overcoming crises. Again, the feeling of belonging is seen as a mobilizing and transforming force. Perceiving oneself inserted in a culture, belonging to it, reinforces the personal and group identity capable of denouncing and fighting the forms of domination and exclusion that the dominant classes and cultures impose on the less favored or less enlightened (BARRETO, 2008).

It is concluded that the perception of cultural diversity in a country like Brazil is a constant challenge for the exercise of tolerance, resilience, creative capacity for adaptation and the fantastic construction of solidary networks capable of building more just and fraternal social ties with transforming power of a society as unequal as the Brazilian, in a society without social disparities, without domination, without oppression.

d) Pedagogy of problematization according to Paulo Freire

ICT's pedagogy is also based on the revolutionary and always current work of the great teacher Paulo Freire who, with his wisdom challenges us to exercise Education as a Practice of Freedom and Autonomy. It challenges us to dialogue, to exchange, to exercise reciprocity. “Nobody educates anyone, nobody educates themselves, men educate themselves between each other, mediated by the world” (FREIRE, 1987, p. 79, our translation).

Paulo Freire's Pedagogy, when working on the subject's posture in his reality, trains the eye to the context in which he is inserted at the same time that this process occurs in the inter-relationship with the other, promoting the valorization of the autonomy of oneself and on the other (FREIRE, 1987; BARRETO, 2008; REIS, 2017).

“Teaching is to understand that education is a form of intervention in the world” (FREIRE, 1996, p. 98, our translation). Is there freedom in my life? What are the forms of oppression, exclusion inscribed in my reality? What can I do to transform this reality? Am I a subject or a passive object of social injustices? Do I establish a relationship of autonomy in facing my problems or am I dependent on some “savior of the nation” in who I cling on to solve them?

The creator of ICT, Adalberto Barreto, attributes Paulo Freire its conceptual genesis. ICT is configured in a space of dialogical practice, exercise of solidarity and construction of solidary social networks. Each one is provoked to perceive himself as the subject of his own history. And, at the same time, belonging to a social group that, consciously and in solidarity,

unites to overcome the adversities imposed by family and community, social, political and economic life. ICT welcomes Freire's pedagogy and breaks with the view that the people are ignorant and need to be educated (BARRETO, 2008).

e) Resilience

Resilience is a concept in physics that defines the ability of a material to suffer aggression and to recover, to rebuild itself. Adalberto Barreto makes a very pertinent analogy that contributes to the understanding of this concept when using pearl as a product of a resilient response to aggression. Thus, it values the process of suffering people's lives in the construction of their skills. He reminds us that the oyster only produces a beautiful pearl through the multiple attacks that it suffers. A happy oyster is unable to produce a pearl. The lack generates competence (BARRETO, 2008).

ICT's goal is to identify and raise the strengths and capacities of people, families and communities so that, through these resources, they can find their own solutions and overcome the difficulties imposed by the environment and society.

Implementation of ICT as a resource for welcoming people with mental disorders within the PHC

The proposal to implement ICT circles in the mental health care line, in the coverage area of the Moradias Belém Health Unit, was born in 2016 in the face of the following reality:

- Excess demand for care for people with psychological distress in Primary Health Care (PHC);
- Insufficient number of professionals trained to meet the significant demand in the mental health area;
- Limited number of places for specialized care in Psychosocial Support Centers and psychology and psychiatry outpatient clinics, regional reference services of the HU under study;
- Absence of therapeutic groups in the area covered by the HU despite the existence of a NASF (Support Center for Family Health) with psychologist and psychiatrist professionals as matrix matrixes.

The proposal had as objectives:

- Contribute to the well-being of people in psychological distress;
- Expand coverage in the care of people with mental suffering within the PHC;
- Reduce the medicalization of people undergoing treatment for mental disorders, including psychosomatic disorders;
- To value the role of the community health agent (CHA) as a link of living communication between the community and the health service, acting as a potential subject for social transformation;
- Create an internship field in mental health at PHC for the work of medical students from the residences of Family and Community Medicine and Psychiatry, both linked to the Municipal Health Department of Curitiba/PR;
- Contribute to the process of building a social network of loving and supportive support, expanding the possibility of rescuing and strengthening the cultural resources of the communities involved with institutional support.

We opted to use Integrative Community Therapy (ICT) as a therapeutic strategy since it is considered a soft and low-cost technology, with ample evidence of successful experiences in Brazil and other countries. As it is an unconventional practice and easy to apply in groups, ICT opens the possibility of consolidating a service strategy to communities that use PHC as an effective therapeutic resource in coping with mental disorders.

Stages of the implementation of the ICT in the service of the HU Moradias Belém

- i. Sensitization of local management regarding the importance of ICT circles aiming at optimizing the service of people with mental disorders and release of CHA to provide support during the conversation;
- ii. Sensitization of the ACS to the importance of ICT, valuing their work as potential agents of social transformation;
- iii. Search for community partnerships in order to disseminate the proposal and obtain physical space for the realization of the circles (meeting room of the HU Moradias Belém does not have adequate physical dimensions);
- iv. Disclosure of ICT through invitations in the HU waiting room, written invitations for people registered with the HU Mental Health Program, pamphlets, posters, folders, invitations and referrals made in medical and nursing care;
- v. Publicizing ICT in the meetings of the Local Health Council and with the coordination

of the Sanitary District.

- vi. Weekly realization of ICT circles since December 2016.

For the consolidation of the project, we counted on the partnership of entities from the communities that use the HU *Moradias Belém*. The ICT meetings took place in the HU meeting room, in the community hall of São Joao Evangelista Chapel, a Catholic church located in the area covered HU, and at the headquarters of the *Associação de Moradores Moradias Belém*, located on the same block as the Health Unit.

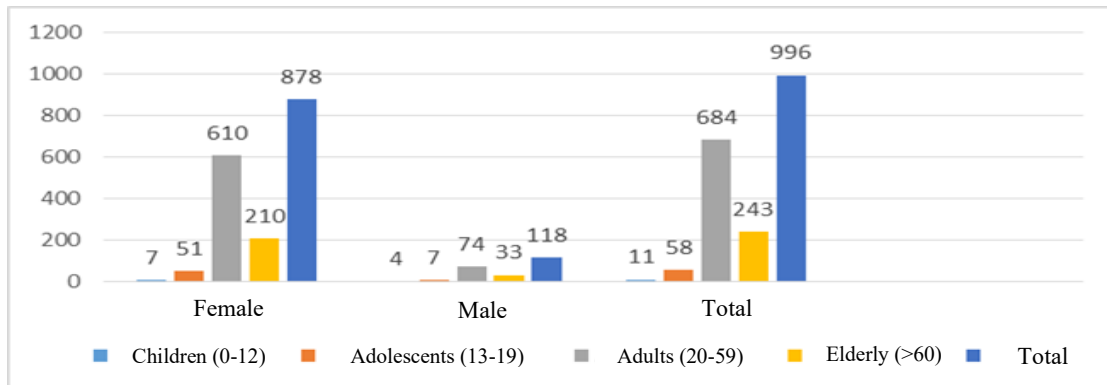
I would like to reinforce the importance of raising awareness and preparing community health workers for the implantation and consolidation of the ICT circles. 09 experiential dynamics were used to rescue self-esteem with the participation of 12 community agents according to the methodology used in the course *Caring for Caregiver*, authored by Dr. Adalberto Barreto and collaborators (BARRETO, 2017). After the completion of the experiences, the level of satisfaction of the CHA was immense and all felt more confident in their personal and professional lives and were willing to contribute as co-therapists in the ICT circles. We also count on the collaboration of Clarice, user of SUS and community leadership who later graduated as a community therapist and is part of the current team.

In September 2020, with the support of the Mental Health Coordination of the Municipal Health Secretariat (SMS) of Curitiba, we started the online ICT project facilitated by community medical therapists from the family and community who work at the district level and with the support of municipal servants who are in formation (a psychologist and a nursing assistant) linked to the *Acreditar & Compartilhar* Center. The circles were initially offered to patients on the waiting list for the psychotherapy service. In addition, the Curitiba SMS studies the proposal to increase the number of community therapists in the municipal network, based on a formation course project for municipal employees.

Results

In the period under study, from December 2016 to March 2020, around 1,000 people participated in the ICT circles, mostly women over 50 years old (Figure 1). As of March 2020, the presential ICT circles were interrupted due to sanitary measures of social isolation in the face of the new coronavirus pandemic.

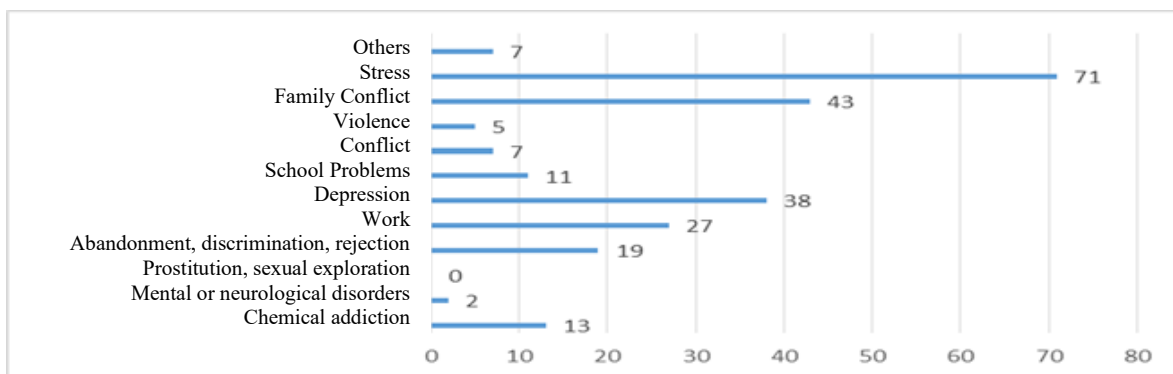
Figure 1 – Graph of the participants of the ICT circles of the HU *Moradias Belém*, from Dec. 2016 to Feb./2020



Source: List of presence in the circles of ICT

The most addressed topics were stressful situations (anxiety, fear, anguish, nervousness), family conflicts and problems related to chemical dependencies, including alcoholism from dependence on other drugs, especially the use of crack (Figure 2).

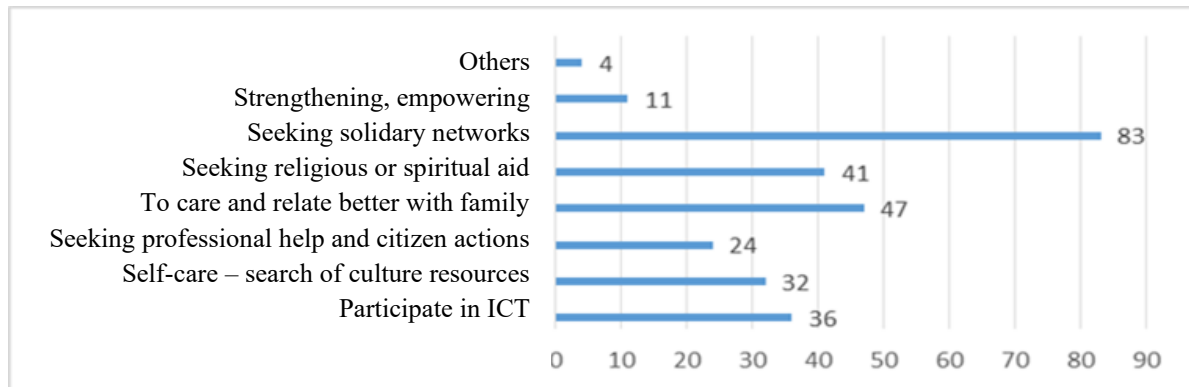
Figure 2 – Graph of the list of the most chosen themes in the ICT circles, from Dec. 2016 to Feb./2020



Source: List of presence in the circles of ICT (2016 a 2020)

The main ways of coping to overcome the problems were the search for solidary support networks, including social and health services, the improvement of family relationship forms, participation in the integrative community therapy circles and the search for religious and spiritual support (Figure 3).

Figure 3 – Graph of the Relation of strategies for coping with the problems raised in the ICT circles, in the period from Dec./2016 to Feb./2020



Source: Register of ICT circles (2016 a 2020)

At the current stage of the ICT process at HU Moradias Belém, we still do not have enough data to infer about the decrease in medicalization in the treatment of mental disorders, since participation in the conversation circles is open to the population, covering people linked to other health units and other municipalities. We have only the report of several people about the decrease and even suspension of the use of controlled drugs. We are building a database to assess the impact of ICT by decreasing the medication of patients linked to the Mental Health Program in the area covered by the HU under study. However, from the testimonies of the people who participated in the conversation circles, it is possible to perceive the importance of the process of change in their lives, which gives relevance to the practice of ICT and motivates us to move forward.

Final considerations

The work of the Integrative Community Therapy favored a welcoming, supportive environment, which enabled self-care and receiving care in moments of affectionate sharing.

ICT's approach broke several dependency links. It provided the opportunity to consolidate autonomy and co-responsibility through the process of understanding and overcoming crises. People were able to perceive that suffering can be a source that generates lacking skills, motivating the empowerment of one of the greatest assets of the human being: self-confidence.

The Integrative Community Therapy method encouraged people to express emotions, giving vent to tensions resulting from stress.

In the ICT circles, it was stimulated to speak with the mouth not to talk about depression, insomnia, gastritis and other diseases. ICT functioned as a first instance of health care within

the scope of mental health. It enabled welcoming, listening, caring, better directing demands and allowing situations that, due to their complexity, only required specialist intervention to flow to secondary levels of care.

ICT did not intend to replace other network services, but to complement them, to expand preventive and promotional health actions.

The conversation circles at ICT brought together many people in the same space and time, providing more comprehensive coverage, optimizing public resources by extrapolating individual care to the community approach. The community shared and welcomed the suffering. Overcoming resources were individual, but also collective.

ICT favored the circularity of relations and promoted the overcoming of the verticality of relations between those who know, those who advise, those who decide to play in the humanizing horizontality of the relationships. It favored the mutual respect of scientific knowledge and popular knowledge in a complementary way: “nobody knows more than anyone”. Knowledge merged into a solidary network of exchange and help. It is a space that enchanted doctors in training and made health professionals revisit their concepts of personal and professional life, reorienting their practices.

The Integrative Community Therapy enabled the understanding that the overcoming of suffering can go beyond the individual, the private and can reach the dimension of collectivity, and aspects of public domain motivating solidarity and the union of forces capable of transforming personal and social relationships in building a more just and egalitarian society, with peace and health for all. It is a tool with great power for personal and social transformation.

Gratitude to Adalberto Barreto. Community Greetings!

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