

THE VALUE OF INTEGRATIVE COMMUNITY THERAPY (ICT) IN BRAZIL AND THE WORLD: POSSIBILITIES, IMPACTS AND PERSPECTIVES

O VALOR DA TERAPIA COMUNITARIA INTEGRATIVA (TCI) NO BRASIL E NO MUNDO: POSSIBILIDADES, IMPACTOS E PERSPECTIVAS

EL VALOR DE LA TERAPIA COMUNITARIA INTEGRATIVA (TIC) EN BRASIL Y EL MUNDO: POSIBILIDADES, IMPACTOS Y PERSPECTIVAS

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This dossier has the honor of disseminating reflections, knowledge and academic knowledge about Integrative Community Therapy in Brazil and abroad. Its creator Prof. Dr Adalberto de Paula Barreto, from Fortaleza-CE, psychiatrist, anthropologist and theologian sensitized by Pains of the Soul, concerned with excessive medicalization without many changes and a believer in the strength of the community, creates a particular methodology with a simple and deep structure, strengthening of affective bonds and capable of promoting the relief of suffering, which includes theoretical bases of systemic thought, cultural anthropology, human communication theory, Paulo Freire's pedagogy, resilience, cultural elements and popular

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knowledge. ICT is genuinely Brazilian, considered an advanced psychosocial approach by the Ministry of Health, a collective therapeutic practice that involves community members in an activity of building social solidarity networks, building bonds and promoting quality of life. It is part of the National Policy of Integrative and Complementary Practices (PNPIC, Portuguese initials) since 2017 and is present in several countries; France, Portugal, Switzerland, Germany, Ukraine, Haiti, Kurdistan (Kurdistan), Italy, Thailand, Morocco, United States, DRC (Democratic Republic of Congo) and we have just landed in the Cameroonian Bamilek tribe. In Latin America we are present; Brazil, Argentina, Bolivia, Chile, Ecuador, Mexico, Peru, Dominican Republic and Uruguay (ABRATECOM, 2020), working in several areas: health, education, social assistance, sectors of the judiciary, prisons, communities, associations and the private sector.

ICT and the National Policy of Integrative and Complementary Practices in Health (PNPICS), a place of belonging!

Integrative Community Therapy is a Brazilian integrative practice!

This phrase is said quite often, but what really matters is what it means. Brazil since 2006 has the National Policy for Integrative and Complementary Practices in Health (PNPICS). This Policy is part of the set of policies that guide the actions of the Unified Health System (SUS, Portuguese initials). PNPICS was created because the signatory countries of the World Health Organization were asked to offer other medicines besides allopathy, the medicine commonly called biomedicine, the chemical-mechanic medicine.

Then, PNPICS allows SUS users to have access to the possibility to choose other ways to prevent and treat their health. This was already frequent in Brazil, but it was not an opportunity for everyone, but only for those who could pay for consultations and treatments. As well, health professionals who had formation in other modes of care besides biomedicine were often not supported, recognized by their managers. PNPICS is a strategy to democratize health practices.

Currently, four medicines or medical rationalities are named in the PNPICS: Ayurvedic Medicine, Traditional Chinese Medicine/Acupuncture, Homeopathy and Anthroposophy. These are medical rationalities because they have their own ways of understanding physiology, anatomy, clinical-diagnostic reasoning, therapeutics, worldview. These rationalities have actions beyond medical practice and involve the actions of other health professionals. PNPICS also has 29 therapeutic resources listed, among which is Integrative Community Therapy (ICT).

It is important to understand why these other forms of prevention and treatments are considered complementary and integrative. Looking at the recent history of health practices,

we know that in the late sixties there was a countercultural movement that questioned mainly the Western and capitalist way of life, this movement encourages the adoption of alternative health practices. That is to say, ways to prevent and treat other than biomedicine. After this period of incentive for a radical positioning, or biomedicine or other, it begin to be understood that there could be a complementary action to biomedicine with the adoption of therapeutic resources and rationalities that, thinking differently, added to the actions of biomedicine. More recently, from the 2000s, an integration of actions is sought, in which other medical rationalities enter the system as thinking in healthy with equality.

We still have one more important aspect to understand, which distinguishes these other rationalities and therapeutic resources from biomedicine. We can identify several aspects and this is not a fad. Calling it an alternative gave the chance to think it was a fad. Let us consider that Ayurvedic and Traditional Chinese Medicines are traditional, they have existed from at least 3000 years before Christ. They were formed from the traditions of their original cultures. Homeopathy and Anthroposophy are elaborations dating from the 19th century and from countries on the European continent. What really distinguishes these rationalities from biomedicine is a different understanding of the human body and the mechanisms of illness and recovery and healing. The body is not a machine made up of parts that can be exchanged to maintain proper functioning. The body, for non-biomedical rationalities and associated therapeutic resources, is a living organism that has the ability to reorganize itself, to treat itself, to heal itself.

The therapeutic resources contained in the PNPICS do not have all the elements that constitute a rationality. In general, they present forms of care, therapeutics and these are based on the understanding that the actions of the resources try to strengthen what each organism already is and thus achieve its balance, its well-being. In this way, phrases commonly repeated in Community Therapy, phrases that are syntheses widely understood by ICT practitioners such as: “when the mouth shuts the organs speak, when the mouth speaks the organs heal” or “I am the doctor of my pain” are consistent with the understanding of integrative and complementary health practices.

In this way, ICT has a place of belonging in this National Policy of Integrative and Complementary Practices in Health, and is contributing to an intense network of work in this global social historical moment that we are living with the advent of the pandemic, with the online ICTs offered by the Brazil, Latin America and Europe. In this context in which we need to isolate ourselves in order to protect ourselves and those we love, online ICTs have emerged as a fast and effective strategy, keeping us connected in a virtual way, but it brings to the real

of our lives the relief of suffering, anguish, fears, building special and sensitive affective bonds of solidarity.

This sensitive that lives in us humans, which we often forget or distance ourselves from, a sensitive that is expressed in words, looks, gestures, scents, sounds, which is in the simple, the tenderness and the power of kindness.

In integrative community therapy this place of the sensitive is highlighted and we are invited to remain and remember ourselves, our values, cultural and transgenerational inheritances and, with the affective bond established with the group, transform, find other meanings for the pains that imprison our body and soul, we have the possibility to find new answers for the old who still inhabits us.

ICT has an association, - ABRATECOM - Brazilian Association of Integrative Community Therapy⁷, since 2004 which is authorized by its creator. It is responsible for recognizing, accrediting and legitimizing integrative community therapists and institutions, centers that carry out Courses/Training in Integrative Community Therapy and Self-Esteem Rescue Techniques - Caring for the Caregiver. We are more than 30,500 community therapists around the world, forming a large humanitarian network for mental health promotion.

We currently have 42 Poles, distributed in the states Amazonas, Bahia, Ceara, Goiás, Federal District, Minas Gerais, Maranhão, Paraíba, Paraná, Pernambuco, Piauí, Rio de Janeiro, São Paulo, Sergipe, Santa Catarina, Rio Grande do Sul and in the countries; Ecuador, Chile and Argentina.

This dossier has works that translate an overview of the impact of ICT with its diversity of places and people, a recognition of this strategy of welcoming human suffering, promoting mental health and quality of life.

The reading path begins with a current overview of ICT with its systematization and values over these 34 years of existence, followed by contributions from community therapists who are educators, researchers and professors working with a permanent and careful approach to integrative community therapy.

These are works that represent a connectivity between scientific and empirical knowledge, presenting ICT and BEING community therapist in different contexts and populations, including, children, young adults and the beautiful and elderly.

We are contemplated with authors with their peculiar tones, with their fingerprints contributing to the construction of a rich and fine fabric, a handmade work.

⁷ Available: <https://abratecom.org.br/>. Access: 2 Oct. 2020.

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We value and admire all the production of knowledge and the work of ICT inserted in this Network of Poles and community therapists spread throughout the only home we know... *the pale blue dot* (SAGAN, 2017).

Homage

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President of ABRATECOM
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