INTEGRATIVE COMMUNITY THERAPY FOR HEALTH PROMOTION IN ACADEMICS AT A UNIVERSITY FOR THE ELDERLY

TERAPIA COMUNITÁRIA INTEGRATIVA PARA PROMOÇÃO DA SAÚDE EM ACADÊMICOS DE UMA UNIVERSIDADE DA TERCEIRA IDADE

TERAPIA COMUNITARIA INTEGRADORA PARA LA PROMOCIÓN DE LA SALUD EN ACADÉMICOS DE UNA UNIVERSIDAD DE LA TERCERA EDAD

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ABSTRACT: It is the presentation of the results verified in the scope of mental health, based on empirical research, through the application of soft care technology conceptualized as Integrative Community Therapy (ICT) circles in an academic community of the Open University of the Third Age (UNATI) of the Western Paraná State University/Foz do Iguaçu in partnership with the Extension Project of the Federal University of Latin American Integration "Integrating UNILA with conversation circles" from 05 April 18 to 10 May 18. The study demonstrated that the psychosocial methodology developed in the ICT circles have the potential to equip participants to face the crisis of integrity, mobilizing a protected scenario to wisely appreciate the path taken in their own lives, understanding and integrating the path of other participants, confronting the experiences, as conscience, from collective experience and overcoming challenges within the same generation.

KEYWORDS: Elderly health. Soft social technology. Conversation circles.

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RESUMO: *Trata-se da apresentação dos resultados verificados no âmbito da saúde mental, a partir de pesquisa empírica, mediante a aplicação da tecnologia leve de cuidado conceituada como rodas de Terapia Comunitária Integrativa (TCI) em uma comunidade acadêmica da Universidade Aberta da Terceira Idade (UNATI) da Universidade Estadual do Oeste do Paraná/Foz do Iguaçu em parceria com o Projeto de Extensão da Universidade Federal da Integração Latino-Americana "Integrando a UNILA com Rodas de Conversa" no período de 05/04/18 a 10/05/18. O estudo demonstrou que a metodologia psicossocial desenvolvida nas rodas de TCI tem potencial para instrumentalizar aos participantes o enfrentamento da crise da integridade, mobilizando cenário protegido para apreciar com sabedoria o caminho percorrido na própria vida, compreendendo e integrando o percurso dos demais participantes, confrontando as experiências, enquanto consciência, a partir da vivência coletiva e a superação dos desafios dentro de uma mesma geração.*

PALAVRAS-CHAVE: *Saúde do idoso. Tecnologia social leve. Rodas de conversa.*

RESUMEN: *Se trata de la presentación de los resultados verificados en el ámbito de la salud mental, basados en la investigación empírica, a través de la aplicación de tecnología leve de cuidado conceptualizada como círculos de Terapia Comunitaria Integradora (TIC) en una comunidad académica de la Universidad Abierta de la Tercera Edad (UNATI) de la Universidad Estatal del Oeste del Paraná/ Foz do Iguaçu en asociación con el Proyecto de Extensión de la Universidad Federal de la Integración Latinoamericana "Integrando UNILA con círculos de conversación" en el período del 04/04/18 al 05/10/18 . El estudio demostró que la metodología psicosocial desarrollada en los círculos de TIC tiene el potencial de equiparar a los participantes para enfrentar la crisis de integridad, movilizando un escenario protegido para apreciar sabiamente el camino tomado en sus propias vidas, entendiendo e integrando el camino de otros participantes, confrontando las experiencias, como conciencia, de la experiencia colectiva y la superación de desafíos dentro de la misma generación.*

PALABRAS CLAVE: *Salud del adulto mayor. Tecnología social leve. Círculos de conversación.*

Introduction

The Integrative Community Therapy (ICT) appeared in 1987, in the city of Fortaleza/Ceará, and was created by Prof. Dr. Adalberto Barreto, professor of the Social Medicine Course at the Federal University of Ceará, with the intention of solving the health needs of that community (BARRETO, 2010). For almost four decades of its development, ICT has consolidated itself as a light technology of mental health care that focuses in an innovative way on the reorganization of health care networks, especially primary health care (ANDRADE *et al.*, 2009). This occurs through actions based on prevention and cure, which integrate cultural and social elements in favor of the biopsychosocial development of individuals and communities.

Conceptually, ICT is considered a tool for building solidary social networks, in which everyone becomes co-responsible in the search for solutions and overcoming everyday challenges, in a warm and welcoming environment (BARRETO, 2010).

ICT is a space for the promotion of interpersonal and community meetings, aiming at valuing the participants' life stories, recovering identity, restoring self-esteem and confidence in themselves, expanding the perception of problems and possibilities for solving them from local skills.

It is based on the encouragement to build solidary bonds and promote life. It can be considered a care technology or a group therapeutic methodology, whose purpose is the promotion of health, the prevention of illness developed within the scope of primary care in mental health. In addition of being a community space where people try to share life experiences and wisdom, ICT creates bonds and rescues the autonomy of individuals, by facilitating the transformation of deficiencies in skills that will make them capable of redefining moments of pain and loss. A supportive space is provided so that each one can become a therapist of themselves, based on listening to the life stories that are reported there (BARRETO, 2010).

The ICT is developed in the shape of a wheel, aiming to work horizontality and circularity. Each participant of the session is co-responsible for the therapeutic process, producing individual and collective effects. The sharing of experiences aims at valuing personal stories, thus favoring the rescue of identity, the restoration of self-esteem and self-confidence, the expansion of perception and the possibility of solving problems (BRASIL, 2017).

In the context of the Unified Health System (SUS, Portuguese initials), since 2017, ICT is considered one of the Integrative and Complementary Practices (PICS, Portuguese initials) in health. The insertion of PICS in health services qualifies the service to the population, in addition to enabling health promotion and the prevention of diseases and injuries (RITTER, 2017). It is worth noting that scientific production in the area is a priority, considering that research on the outcomes of ICT in the health of the elderly population is rare (GUIMARÃES, 2006; HOLANDA, 2007; FERREIRA, 2009; ANDRADE, 2010). Thus, there is an important knowledge gap in gerontological studies that combine different methodological approaches on the topic.

This work focuses on the theme of senility, since population aging is a universal phenomenon resulting from advances in medicine and improvement of socio-sanitary conditions, a fact that serves as a positive factor for increasing life expectancy and, thus, consuming the number of citizens aged 60 or over. In 2005, studies carried out show that Brazil

occupied the sixth position in the world, accounting for approximately thirty-two million people in their sixties (PILETTI *et al.*, 2014). Since old age is the last stage of vital development, from it results the proximity with death, mobilizing existential conflicts about the finitude of this phase, crises amalgamated by the assessment of the successes and regrets that have happened during life (SCHNEIDER; IRIGARA, 2008).

Erikson (1976), when studying the models on the evolution of personality structure throughout his life, observed eight stages of development, each with its specific crises, needing resolution to overcome them. He pointed out that old age is the eighth stage, calling it *ego integrity* vs. *despair*. When it comes to old age, the stage that corresponds to the conflict between *ego integrity* vs. *despair*, a situation in which the elderly face their past, evaluating it and identifying it as productive or not. At this stage of life, he ponders about his achievements, being able to feel satisfied, or frustrated, allowing himself to be affected by the consequences of his achievements. Thus, in some cases, the elderly may experience a sense of accomplishment, experiencing a sense of integrity and dignity, experiencing senility as something positive, in others, however, frustration can trigger despair at the perception that death may be imminent, not having enough time to resume existence.

It is in this environment surrounded by uncertainties, assured that the only certainty is that the next phase is death (SCHNEIDER; IRIGARA, 2008), that the ICT circles that gave rise to this research among elderly participants exposed the conflicts inherent to the path they followed to reach the final phase of the life cycle, identifying in their speeches the successes and regrets. Therefore, the main objective of this work is to analyze the effects and impacts of the ICT Circles on the biopsychosocial health of third age students who attended the Open University of the Third Age - UNATI of the State University of Western Paraná - UNIOESTE/Foz do Iguaçu, in partnership with the Extension Project of the Federal University of Latin American Integration - UNILA entitled "Integrating UNILA with Conversation Circles".

Methodology

Study design

This is a field study, of a descriptive-explanatory nature and with a mixed approach. Mixed studies have a great advantage for studies that seek to explain results (products of observations) in a multifocal way because, in them, it is possible to understand the weight of

the variables (quantitative) and the context (qualitative) in which they are inserted, according to the reality addressed.

In developing these interventions, the methodology proposed by Prof. Dr. Adalberto Barreto, precursor of ICT both nationally and worldwide (BARRETO, 2010). This methodology has as its theoretical foundations five major axes, namely: systemic thinking; communication theory; cultural anthropology; Paulo Freire's pedagogy and resilience.

In addition, in this work, on-site observation with support in health anthropology was used, in which respondents were provided with space-moments for the recording of subjective notes, about the behavior of participants in the socio-health context, judging them to be common (expected) or unusual (not expected). As common behaviors, reports were recovered in situations that participants categorize as a normal part of aging and, conversely, in unusual behaviors, they expressed data about unforeseen experiences in human aging (DIAS; FERREIRA, 2015).

The combination of the aforementioned methodologies reinforced the phases of collection and analysis of mixed data, insofar as it promoted non-hegemonic environments between researchers and participants, thus privileging the spontaneous expression of thoughts /feelings, according to the theme here studied (BARRETO, 2010; DIAS; FERREIRA, 2015).

Characterization of the target population and the study location

The study was conceived in the context of an academic community, with an active link at UNATI/UNIOESTE [7]. Participants were of both sexes and with a lower age limit of 50 years old and an upper age limit of 85 years old.

The interventions were carried out in partnership with the UNILA Extension Project "Integrating UNILA with Conversation Circles" and with the UNIOESTE Extension Project "Open University to the Third Age - UNATI-Foz". Both institutions of higher education are in a Brazilian triple-border region (Argentina - Brazil - Paraguay), in the municipality of Foz do Iguaçu/Paraná.

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[7] The Open University of the Third Age (UNATI) is intended for students aged 60 or over, and can be offered to other interested parties, when there is vacancy, which is why adults between 50 and 59 years old are among the participants in the ICT circles.

Instrument and data collection

A semi-structured instrument was applied, which contained questions related to the sociodemographic profile, report of shared experiences in the collective and the self-perceptions of the participants about the proposed activities. Each ICT circle generated a final report of the meeting, and the information related to the ICT circle was extracted from these documents. In addition, a satisfaction questionnaire containing two questions was passed at the end of the activities: "What did you like most about ICT?" and "What did you like least about ICT?", in order to verify the quality of the proposed activities, showing behaviors that deserved to be repeated and, in negative cases, avoided in the next meetings.

On the other hand, the *Scale of Faces* is an instrument used to determine the self-perception of happiness of participants in the ICT wheels (MCDOWELL; NEWELL, 1996). Thus, Scales of Faces were applied before and after the beginning of each ICT circle, being filled out directly by each participant. The purpose was to verify whether or not the ICT had a positive impact on the participants' self-perception of happiness.

On this scale, the self-perception of happiness was measured from 1 to 7, where 1 means "Extremely Happy (EFel)", 2 "Very Happy (MFel)", 3 "Happy (Fel)", 4 "Neither Happy, Nor Unhappy (NfNi)", 5 "Unhappy (Inf)", 6 "Very Unhappy (MInf)" and 7 "Extremely Unhappy (EInf)".

Application of ICT Circles

The ICT circles were carried out in person (100%), on Thursdays, in the afternoon from 14:00 to 16:30. The period of performance of the activities comprised the start dates 05 April 2018 and ended in 10 May 2018. In total, six meetings were registered, totaling 15h.

In the practical application stage of each ICT Circle, five phases were observed and analyzed. It is worth mentioning that each ICT circle constituted itself as a complete therapeutic process with an initial, medium and final moment (BARRETO, 2010). The ICT circles were conducted by a therapist and a co-therapist (guest), based on situations/problems brought by one or more members of the circle.

The stages of the ICT intervention were followed according to the description contained in the book "Integrative Community Therapy: step by step", by Adalberto Barreto (BARRETO, 2010), which are welcoming, choosing the theme, contextualization, problematization, finalization.

It should be noted that in all phases of the ICT circles, the use of popular language was recommended, that is, one that does not need technical terms/concepts for the correct approach of the proposed scenarios. That is, we sought to promote an assertive communication, which did not cause restraint in the stages of reception, analysis and transmission of information, in any of the parties (participants and researchers), which is an expected behavior of the therapist and ICT volunteers.

Data analysis and treatment

The data obtained through the forms were tabulated in Excel spreadsheets (MICROSOFT, 2010, EUA) and the statistical analysis was performed using the Minitab^{TM} 18.1 program (MINITAB^{TM}, 2017). Descriptive statistics was applied to obtain the absolute number, percentage, average and standard deviation of the results of the circles. For the analysis of emotional states before and after the circles (intervention) the Mann-Whitney test was used to compare the values of the scores attributed to the face scale by the participants, before and after the intervention. The level of significance used was 5%.

In the full reading of the final reports of the ICT circles, two categories emerged for the analysis of the discourse "universal themes" and "coping strategies". In the universal themes, the degree of reiteration was emphasized, that is, how many times a specific theme was mentioned by the participants. In turn, universal themes were grouped into five main axes, namely: 1) physical health problems; 2) family conflicts; 3) losses and/ r distress; 4) stress and 5) death in the family.

For the coping strategies, the same analysis technique was used. The grouping of this category consisted of four axes, namely: 1) personal strengthening and empowerment; 2) search for spiritual and/or religious order; 3) search for solidary networks and 4) care for the relationship with the family and self-care.

Finally, the degree of satisfaction of the ICT circles also followed the analysis proposed on universal themes and coping strategies, being answered individually and without identifying the participants and without the influence of the researchers, at any time.

Ethical aspects

This work followed the bioethical principles of health research with human beings according to CNS resolution 466/2012. After clarifying the possible risks and benefits resulting

from the research, the participants signed the Free and Informed Commitment Term (ICF), on the part of the participants (BRASIL, 2012).

Results and discussion

76 UNATI academics participated in this study, over six face-to-face meetings. Table 1 shows the relation between sex and age of the participants. In general, Group A had a higher proportion of participants (60.5%). When the participation by gender was observed, there was a female predominance in the activities developed, in both classes (A = 86.9%; B = 86.7%). On the other hand, information about the age group revealed a predominance, among women, of the age group between 60 to 69 years old (46.9%), followed by the age groups of 55 to 59 years old (19.7%). Men represented only 13.1% of the total participants in the proposed activities, and there was a predominance in the age group of 65 to 74 years (60%).

Table 1 – Profile of participants, according to gender, age and class, UNATI, Foz do Iguaçu-PR, 2018

Age Groups (years)	Group A (n=46)		Group B (n=30)		Total A+B (N=76)	
	Men	**Women**	**Men**	**Women**	**Men**	**Women**
50 - 54	0	1	0	1	0	2
55 - 59	1	6	0	7	1	13
60 - 64	0	10	1	4	1	14
65 - 69	2	12	1	5	3	17
70 - 74	2	6	1	6	3	12
≥ 75	1	5	1	3	2	8
Total	**6**	**40**	**4**	**26**	**10**	**66**

Source: Devised by the authors

Six circles of community therapy were carried out, and in all of them, data were collected related to the users' emotional state. In total, there were 203 participants before the circles and 183 after the circles, indicating that 20 participants did not remain until the end of the therapy.

According to Table 2, of the 6 ICT circles performed, in 4 of these (66.7%) there was a statistically significant improvement in the emotional state of the participants after the wheels compared to the beginning of the wheels, according to the face scale, with an average value assigned of 2.44 (standard deviation [SD] of 1.03) before the ICT and 1.66 (standard SD of

0.92) after the ICT, when considering only wheels 1, 2, 3 and 6, which presented Significant differences.

When the set of all participants in the circles was analyzed, a significant difference was observed in the emotional state after the circles compared to the state before the circles, with an emotional state with an average of 2.38 (SD 1.04) before the circles and average of 1.71 (SD of 0.91) after the circles (Table 2). The results indicate that, before the ICT, the participants reported, on average, being in an emotional state between 3 (happy) and 2 (very happy) and after the circles they started to show, on average, an emotional state between 2 (very happy) and 1 (extremely happy).

Table 2 – Evaluation of the emotional state before and after the intervention in the participants of the Integrative Community Therapy rounds, UNATI, Foz do Iguaçu-PR, 2018

Circle (n)**	Before the Circle***	After the Circle***	*p value*
1 (35;35)	2.43 (1.01)	1.66 (0.99)	**0.0010***
2 (40;34)	2.50 (1.09)	1.65 (1.13)	**0.0001***
3 (42;39)	2.33 (0.95)	1.54 (0.64)	**0.0001***
4 (40;40)	2.20 (1.09)	1.80 (0.88)	0.1110
5 (14;09)	2.36 (1.01)	2.11 (0.78)	0.6370
6 (32;26)	2.50 (1.14)	1.85 (0.88)	**0.0320***
Total (203;183)	2.38 (1.04)	1.71 (0.91)	**0.0001***

Source: Devised by the authors
Note: * Statistically significant result (p<0,05). ** Data expressed as circle number (number of participants before the circle; after the circle). *** Data expressed as average (standard deviation). On the face scale, the value 3 indicates "happy", 2 indicates "very happy" and 1 "extremely happy".

The results found in this study corroborate findings in the research by Silva *et al.* (2018) conducted with women in a philanthropic institution in Curitiba-PR. In this investigation it can be seen that from 18 ICT circles, in 16 (88.9%) there was an improvement in the emotional state, pointing to a higher level of happiness of the interviewees.

According to the authors Silva *et al.* (2018) the practice of ICT proved to be an Integrative and Complementary Practice in health that allows the individual to talk about their pain, sharing in a group that welcomes and legitimizes the suffering of the other and of themselves.

In the present study, the increase in the percentage of the "extremely happy" indicator after the ICT circles can be justified by the space of trust and bonds, which allows the resignification of affections and experiences lived in a protected context that stimulates the

participant, in a collective and democratic process, get out of problems and find solutions based on the valorization of competences and autonomy.

With these results it is possible to infer that after participating in the ICT circles, the participants left with a different emotional status. In addition, there was an improvement in the overall emotional *status* among the participants, considering that there was a statistically significant difference in the emotional state, when the total number of participants in both conditions, before and after the circles, was also analyzed.

Table 3 shows the list of universal themes identified through the full reading of the final reports for each ICT circle. The most frequent universal themes stood out: physical health problems (n = 5; 83.3%); family conflicts (n = 3; 50.0%) and losses and distress (n = 2; 33.3%). Attention was drawn to the little mention of the participants, in relation to the deceit process in the family, with death in the family only (n = 1; 16.7%).

Table 3 – Observation and categorization of universal themes identified by UNATI academics, Foz do Iguaçu-PR, 2018

Categorization of universal themes	n	%
Physical health problems	5	83.3
Family conflicts	3	50.0
Losses and anguish	2	33.3
Stress	1	16.7
Death in the family	1	16.7

Source: Devised by the authors

Regarding coping strategies, four main categories were found (Table 4), with personal strengthening and empowerment being the most prevalent (n = 4; 66.7%) and care for family relationships the least mentioned in the final reports (n = 1; 16.7%).

Table 4 – List of coping strategies identified by UNATI academics, Foz do Iguaçu-PR, 2018

Categorization of universal themes	n	%
Personal strengthening and empowerment	4	66.7
Search for spiritual or religious support	3	50.0
Establishment of solidarity networks	2	33.3
Cuidado com o relacionamento familiar	1	16.7

Source: Devised by the authors

The study also sought to investigate the elements most approved by the participants (what they liked most) and what was not so attractive for them (what they liked least), in order to identify possible ways of improvement for future applications with larger groups or same, with the referred participants on other contexts to be approached. This moment was used as a tool to improve the characteristics of the ICT circles (Table 5).

Regarding the aspects they liked most about the ICT circles, the participants expressed a high degree of satisfaction with the activities in general, as 68.4% reported having liked everything that was covered in them; followed by active listening to the stories of others (19.7%) and the dynamics, format and organization of activities (13.1%). The prevalence of the percentage referring to the "everything" category indicates the mobilization of personal and cultural resources in the construction of social support networks, unveiled in the interest and the attitude of the participants in sharing and sympathizing with each other's life stories through the bias overcoming, respecting differences and integrating knowledge.

The high degree of satisfaction was also reinforced when asked about the aspects they liked least about the ICT circles, as 72.4% of the participants reported that there was nothing they did not like. However, it was seen that the participants recognized the importance of having more participants in the activities (13.1%) and of increasing the duration of the ICT circles (14.5%). Such aspects reinforce the attractive quality of the activities developed, since it was requested to increase both the number of participants and the duration of activities.

Table 5 - List of elements of satisfaction and dissatisfaction identified by UNATI academics, Foz do Iguaçu-PR, 2018

Question	Answers (n = 76)	n	%
What did you like most?	Everything	52	68,4
	Hear stories from others	15	19,7
	Dynamics, format and organization	10	13,1
	The relationship of trust established	6	7,9
	From shared life experiences	6	7,9
	Acceptance by the group	3	3,9

	Final reflection	3	3,9
What did you least like?	There was nothing I didn't like	55	72,4
	Lack of participation by more people	10	13,1
	Short duration of the circles	11	14,5

Source: Devised by the authors

The study aimed to analyze the effects and impacts of the ICT Circles on the biopsychosocial health of senior citizens who attended a UNATI. The data obtained in the research are consonant with Barreto (2010), regarding two of the most common universal themes in the ICT circles, namely "stress and negative emotions" and "conflict in family relationships". In the *stress* category proposed by Barreto (2010), somatization and anxiety are reported, and the *negative emotions* category refers to anger, revenge, hurt and contempt. Furthermore, the author also reports a correlation between the oscillation of negative emotions and physical health problems, in a psychosomatic perspective. Regarding the category *conflict in family relationships*, the results of the same author suggest that the family is going through a crisis, showing difficulty in assuming its basic functions properly. In this sense, the ICT circle has been a space of support, reception and belonging, "the community acts where families and social institutions fail" (BARRETO 2010).

Regarding resilience, whose concept proposes to include a worldview that contemplates other sources of knowledge to overcome contextual adversities, he observed that the target population demonstrated that it has its own mechanisms for overcoming these, as identified in the different coping strategies presented above. The categories pointed out by the participants related to the satisfaction in the participation of the ICT circles, indicate that these, in facing their dilemmas, achieved through resilient effort the valorization of support and stimulus bonds that allow them to foster self-confidence and self-esteem, through sharing experiences of life, simultaneously strengthening interpersonal bonds and encouraging autonomy. In addition, the categories pointed out by the research participants regarding their satisfaction corroborate with Barreto regarding the three major categories of benefits found in the evaluation of testimonials about the benefits and learning obtained by participants in the ICT circles, namely: creation of bonds; sharing and welcoming and expanding personal and social awareness (BARRETO, 2010), fundamental conditions for the recognition of their resources, as protagonists of their own existence.

Final considerations

This research corroborated Barreto's (2010) indicative, to demonstrate that the ICT circle methodology, as a psychosocial intervention in the health area, allows its application with groups of people, including different social classes, age, socioeconomic, educational and professional condition, since it was initially developed as a community approach aimed at groups that experience social conditions of vulnerability, in terms of mental health and autonomy.

With the results obtained, it was possible to verify that the use of ICT circles served, in general, as a tool for the improvement of the quality of life and well-being of a group of senior citizens of a university in the Brazilian region of the triple-frontier (Argentina - Brazil - Paraguay).

Equally, it was possible to verify that the application of the ICT methodology, when put into practice in groups of the elderly, can serve as a basis for the improvement of interpersonal relationships, as it is a light social technology that allows: to go beyond the unitary to reach the community; leaving dependency for autonomy and co-responsibility; look beyond the need to highlight competence; move from the verticality of relations to horizontality; from disbelief in the ability of the other, to come to believe in the individual potential; break with clientelism to reach citizenship and; transcend the model that concentrates the information to make it circulate.

Finally, this study demonstrated that the psychosocial methodology developed in the ICT circles has the potential to instruct participants to face the integrity crisis proposed by Erikson (1976), mobilizing a protected scenario to appreciate with wisdom the path taken in their own lives, understanding and integrating the path of the other participants, confronting the experiences, as awareness, from the collective experience and overcoming the challenges within the same generation.

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