

**INTEGRATIVE COMMUNITY THERAPY AS AN INSTRUMENT OF
INTEGRATION, EMPOWERMENT AND SELF-CARE FOR USERS OF A
DIABETIC ASSOCIATION**

**TERAPIA COMUNITÁRIA INTEGRATIVA COMO INSTRUMENTO DE
INTEGRAÇÃO, EMPODERAMENTO E AUTOCUIDADO DE USUÁRIOS DE UMA
ASSOCIAÇÃO DE DIABÉTICOS**

**TERAPIA COMUNITARIA INTEGRADORA COMO INSTRUMENTO DE
INTEGRACIÓN, EMPODERAMIENTO Y AUTOCUIDADO DE USUARIOS DE UNA
ASOCIACIÓN DE DIABÉTICOS**

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ABSTRACT: The study aimed to analyze the possible effects of the Integrative Community Therapy (ICT) on the self-care of users of Diabetic Association of Foz do Iguaçu-PR (ADIFI) to control diabetes mellitus. Descriptive and quasi-experimental design research. Where the effects of ICT were analyzed on the participants' self-care and on their clinical parameters

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(glycemia, blood pressure), before and after a consecutive interval of ICT circles. The paired t-test and linear regression were applied. Research period: 15 May 19 to 11 March 20. As a result, there was an improvement in glycemia and systolic pressure, possibly a consequence of changes in the participants' habits, indicating greater self-care for coping with this chronic disease. It is inferred that health education, developed at ADIFI, may also be positively influencing their quality of life. It is concluded that the ICT reunions helped in the acquisition of greater resilience, self-care and integration of the participants.

KEYWORDS: Integrative community therapy. Diabetes. Soft technology. Self-care. Empowerment.

RESUMO: *O estudo objetivou analisar os possíveis efeitos da Terapia Comunitária Integrativa (TCI) na integração, empoderamento e autocuidado do controle do diabetes mellitus dos usuários da Associação de Diabéticos de Foz do Iguaçu-PR (ADIFI). Pesquisa descritiva e de delineamento quase-experimental. Na qual analisou-se os efeitos da TCI sobre o autocuidado dos participantes, e sobre parâmetros clínicos (glicemia, pressão arterial), antes e após um intervalo consecutivo de rodas de TCI. Aplicou-se o teste t pareado e regressão linear. Os encontros ocorreram entre 15/05/19 a 11/03/20. Constatou-se melhora da glicemia e pressão sistólica, possivelmente consequência de mudanças de hábitos dos participantes indicando maior autocuidado para o enfrentamento dessa doença crônica. Infere-se que a educação em saúde, desenvolvidos na ADIFI, pode também estar influenciando positivamente a qualidade de vida dos participantes. Conclui-se que os encontros de TCI auxiliaram na aquisição de maior resiliência, autocuidado e integração dos participantes.*

PALAVRAS-CHAVE: *Terapia comunitária integrativa. Diabetes. Tecnologia leve. Autocuidado. Empoderamento.*

RESUMEN: *El estudio tuvo como objetivo analizar los posibles efectos de la Terapia Integrativa Comunitaria (TIC) en el autocuidado del control de la diabetes mellitus de usuarios de la Asociación de Diabéticos de Foz do Iguaçu-PR (ADIFI). Investigación descriptiva y diseño cuasiexperimental. Se analizaron los efectos de las TIC sobre el autocuidado de los participantes y sobre los parámetros clínicos (glucemia, presión arterial), antes y después de un intervalo consecutivo de ruedas TIC. Se aplicó la prueba t pareada y la regresión lineal. Período de investigación: 15/05/19 y 03/11/20. Hubo mejora en la glucemia y la presión sistólica, posiblemente consecuencia de cambios en los hábitos que indican mayor autocuidado. Se infiere que la educación para la salud, desarrollada en ADIFI, también puede estar influyendo positivamente en la calidad de vida de los participantes. Se concluye que la TIC contribuyó con mayor resiliencia e integración de los participantes.*

PALABRAS CLAVE: *Terapia comunitaria integradora. Diabetes. Tecnología leve. Cuidados personales. Empoderamiento.*

Introduction

The Integrative Community Therapy (ICT) was proposed and created by Prof. Dr. Adalberto Barreto in 1987, in the city of Fortaleza-CE, with the intention of solving the health needs of that community (BARRETO, 2008).

Health care technologies can be classified into three categories: (1) Hard, related to technological equipment, standards, routines and organizational structures; (2) soft-hard, which includes all well-structured knowledge in the health process; and (3) Soft, which refers to the technologies of relationships, communication production, reception, bonds, and autonomy. Although these three categories of health technologies are interrelated, the human being needs, in particular, the relationship technologies, defined as 'soft' that are capable of providing the necessary reception so that clients and health professionals can benefit from this moment (MERHY; ONOCKO, 1997).

Considering the complexity of the human being, the subject is contextualized, and his health status depends on the environmental, biological, psychological conditions, his lifestyle and the institutions in which the care operates. The combination of these factors interferes with the technologies incorporated into health. In this way, the Integrative Community Therapy (ICT) shows its relevance as a soft technology of mental health care, of low cost and greater accessibility to the population, which focuses in an innovative way on the reorganization of health care networks, especially primary health care (ANDRADE *et al.*, 2009).

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. It is based on the encouragement to build solidary bonds and promote life. It is a community space where people try to share life experiences and wisdom. In addition, it creates bonds, rescues the autonomy of individuals and refreshes moments of pain and loss (BARRETO, 2008).

In 2006, the National Policy of Integrative and Complementary Practices (PNPIC) was approved in the Unified Health System of the Ministry of Health, but the Integrative Community Therapy had not been officially incorporated into it (BRASIL, 2006b). Nine years later, in 2017, ICT was included in the National Policy of Integrative and Complementary Practices (PNPIC), inserting it in health services, thus expanding and reaffirming the view of the official system regarding the health and autonomy of people in self-care (BRASIL, 2017).

Diabetes mellitus is nowadays a worldwide epidemic, translating into a major challenge for health systems worldwide. The aging of the population, increasing urbanization and the

adoption of unhealthy lifestyles such as a sedentary lifestyle, inadequate diet and obesity are largely responsible for the increased incidence and prevalence of diabetes worldwide. A macroeconomic indicator to be considered is that diabetes grows more rapidly in poor and developing countries, and this has a very negative impact due to the early morbidity and mortality that affects people still in full productive life, burdens social security and contributes to the continuity of the process. vicious cycle of poverty and social exclusion (BRASIL, 2006a).

The human, social and economic consequences are devastating: there are 4 million deaths per year related to diabetes and its complications, with many premature occurrences, which represents 9% of the total world mortality. The great economic impact occurs notably in health services, as a consequence of the increasing costs of treating the disease and, above all, of the complications that may arise in diabetics, such as cardiovascular disease, dialysis for chronic renal failure and surgeries for lower limb amputations (SOUZA *et al.*, 2012).

The greatest cost, however, falls on the carriers, their families, their friends and the community: the impact on the reduction of life expectancy and quality of life is considerable. Life expectancy is reduced by an average of 15 years for type I diabetes and 5 to 7 years for type II diabetes. Adults with diabetes are 2 to 4 times more at risk for cardiovascular disease and stroke. Diabetes is also the most common cause of non-traumatic lower limb amputations, irreversible blindness and end-stage renal disease. In women, it is responsible for a greater number of premature births and maternal mortality (BRASIL, 2006a).

According to the *American Diabetes Association* (1987) recommendations for the control of diabetes mellitus (DM) types I and II include self-monitoring of: (1) capillary blood glucose; (2) oral medication (when necessary); (3) multiple doses of insulin (when necessary), (4) changes in dietary patterns from dietary reeducation, (5) performing scheduled physical activities and (6) permanent and continuing education in diabetes in order to maintain glycemic levels. These recommendations involved changes in the behavior of diabetics and their families (AMERICAN DIABETES ASSOCIATION, 1987).

In the interprofessional practice of the Association of Diabetics of Foz do Iguaçu-PR (ADIFI) it was found that psychosocial factors such as age, beliefs, values, personal motivation, financial conditions, resilience, empowerment and associated diseases, among other aspects, can influence the decision of the diabetic or family members to opt for stricter control. In order to promote a better quality of life for ADIFI diabetic users, ICT was implemented in the Association of Diabetics in Foz do Iguaçu (ADIFI) in 2015 and has continued to serve users ever since. However, further research into the practice and potential impact of ICT among diabetics has not yet been carried out.

For this reason, the main objective of this work was to analyze the possible effects and impacts of ICT meetings on the integration, empowerment and self-care of diabetes mellitus control of ADIFI users.

Methodology

Study framework

This is a descriptive and quasi-experimental study. The quasi-experimental design is one in which a relationship between a dependent variable and an independent one is sought, manipulating the independent variable, but without resorting to random sample resources and a pure control group (BAPTISTA; CAMPOS, 2007). In the present study, we opted for a pre-test and post-test analysis, where the same subjects were analyzed before and after performing a certain number of interventions, so that the participants were their own controls.

The applied intervention was the ICT, which was based on the methodology proposed by Prof. Dr. Adalberto Barreto, precursor of the proposal both nationally and worldwide (BARRETO, 2010). Such methodology has as theoretical bases five great axes, namely: 1) systemic thinking; 2) communication theory; 3) cultural anthropology; 4) Paulo Freire's pedagogy and 5) resilience.

Characterization of the target population and the study location

The study was carried out at ADIFI, a Civil Health Association that aims to promote Education in Diabetes, to disseminate experiences and knowledge to its users, especially continuing education, as the main form of prevention, quality of life and compliance with their social assistance rights. Always seeking to follow innovations and scientific research in coping with the disease, in a planned, permanent and continuous way, as well as, to develop different types of projects aimed at improving the quality of life of its members.

The study population consisted of diabetics, users of ADIFI, participants in the ICT meetings. The participants were of both sexes, without age limit, but all of them were over 18 years old and had type I or II diabetes mellitus and totaled 21 participants. This Association is located in the Triple Frontier International region (Brazil-Paraguay-Argentina), in the municipality of Foz do Iguaçu-PR.

Instrument and data collection

A semi-structured instrument was applied, which contained questions related to the socio-demographic profile, reports of shared experiences in the collective and the participants' self-perceptions about the proposed activities. Each ICT circle generated a final report of the meeting, and the information related to the ICT meetings was extracted from these documents. The structured instruments used to determine self-control and empowerment in the continuous treatment of diabetes mellitus were the measurement of capillary glycemia and blood pressure that were made available to users who participated in the research (research subjects), always before the start of all ICT meetings. The purpose was to verify if there was any change in the levels of capillary glycemia and blood pressure after participating in a certain number of ICT Circles, and how these levels appeared after the end of the research.

ICT meetings

The ICT meetings were held in person, in 100% of cases, between 15 May 2019 and 11 March 2020, on Wednesdays, in the afternoon hours from 14:00 to 16:30. In the practical application stage of each ICT meeting, five phases were observed and analyzed. It is worth mentioning that each ICT meeting constituted itself as a complete therapeutic process with an initial, middle and final moment (BARRETO, 2008). The ICT meetings were conducted by a therapist and a guest co-therapist, based on situations/problems brought by one or more members of the circle.

The five stages of the ICT intervention were followed according to the description contained in the book "*Terapia Comunitária Integrativa: passo a passo*" (Integrative Community Therapy: step by step), by Adalberto Barreto (BARRETO, 2008), which were: welcoming, choosing the theme, contextualization, problematization, finalization.

It is worth mentioning that the use of popular language was recommended in all phases of the ICT meetings, that is, one that does not need technical terms / concepts for the correct approach of the proposed scenarios. In this way, an assertive communication was adopted, 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 semi-structured instrument were tabulated in Excel spreadsheets (Microsoft, 2010, USA) and the statistical analysis was performed using the Minitab™ 18.1 program (2017, USA). Descriptive statistics was applied to obtain the absolute number, percentage, average and standard deviation of the results. To compare the clinical parameters (blood glucose, systolic and diastolic pressure) of the participants between 5 to 6 meetings, the Kolmogorov-Smirnov normality test was first applied, which indicated that the data had a normal distribution. Then, the paired t test was applied, with a significance level of 5%, to compare the results of the beginning of participation (pre-test) with that of the end (post-test) of this total time frame. To verify the influence of the number of ICT circles participated (independent variable) on the average of the clinical variables (continuous dependent variables) of the participants (blood glucose, systolic and diastolic pressure), linear regression was applied, with a significance level of 5 %. All analyzes were performed using the Minitab™ 18.1 program (2017, USA).

In the full reading of the final reports of the ICT meetings, 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 four main axes, namely: (1) physical and mental health problems; (2) family conflicts; (3) death, losses and/or distress; (4) suicide.

For the coping strategies, the same analysis technique was used. The grouping of this category consisted of four axes, namely: (1) personal empowerment 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.

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

21 users of ADIFI participated in this study, over fourteen face-to-face meetings. Table 1 presents the socio-demographic profile of the participants in the ICT meetings held at ADIFI, containing: sex, age group, education, marital status, religion and occupation.

It can be seen from Table 1, that the group was composed mostly of men (57.1%), but also the number of women was significant; which indicates that there was a good adhesion of users of both sexes to the therapy. Another fact identified was related to the age group, which ranged from 50 years to more than 75 years of age; most of them were between 70 and 74 years old (38.1%). Regarding marital status, religion and occupation, most participants declared themselves married, of evangelical religion and retired. A relevant fact is that the group reaches all schooling levels, thus being a group formed by members of different degrees of education.

Table 1 – Socio-demographic profile of participants in the ICT meetings held at ADIFI, Foz do Iguaçu-PR, Brazil, 2019/2020

Variable	N (%)
Sex	
Female	9 (42,9)
Male	12 (57,1)
Age group	
50 to 59 years old	5 (23,8)
60 to 69 years old	6 (28,6)
70 to 74 years old	8 (38,1)
≥ 75 years old	2 (9,5)
Education	
Basic Education	11 (52,4)
High School	5 (23,8)
University Education	5 (23,8)
Marital State	
Married	13 (61,9)
Single	2 (9,5)
Split	3 (14,3)
Widow(er)	3 (14,3)
Religion	
Catholic	8 (38,1)
Evangelic	10 (47,6)
Other	2 (9,5)
Does not have	1 (4,8)
Occupation (multiple response)	
Retired/Benefits	18 (85,7)
Self-employed	4 (19,0)
House Keeping	1 (4,7)
Total	21 (100)

Source: devised by the authors

As shown in Table 2, it can be seen that the majority of the group stated that they perform physical activity, sleep well, have family ties, are not smokers, are not alcoholics, do not have comorbidities, are SUS users, before they had not participated in Community Therapy and had not undergone other complementary health practices. It was also observed that 23.8% of the participants assumed to be alcoholics, and among the comorbidities cited by the group, of greater occurrence, heart problems were reported.

Table 2 – Profile of life habits, comorbidities and access to the health system and therapies of participants in the ICT meetings held at ADIFI, Foz do Iguaçu-PR, Brazil, 2019/2020

Variable	N (%)
Do you do physical activity?	
Yes	11 (52,4)
No	10 (47,6)
Do you sleep well?	
Yes	14 (66,7)
No	7 (33,3)
Do you have family ties?	
Yes	18 (85,7)
No	3 (14,3)
Smoker	
Yes	0 (0,0)
No	21 (100,0)
Alcohol	
Yes	5 (23,8)
No	16 (76,2)
Comorbidities (multiple answers)	
Heart problems	5 (23,8)
Circulatory Problems (Vascular)	3 (14,3)
Mental Disorders	2 (9,5)
None	11 (52,4)
Medical Assistance (multiple answers)	
Public System (SUS)	15 (71,4)
Private System (Health Insurance)	8 (38,1)
Have you participated in Community therapy before?	
Yes	4 (19,1)
No	17 (80,9)
Did you undergo other complementary health practices?	
Yes	6 (28,6)
No	15 (71,4)
Total	21 (100)

Source: Devised by the authors

As for universal themes, which were the problems brought up by the group, the most frequent ones were physical and psychological (35.7%), followed by family conflicts (28.6%) and death, losses and/or anxieties (21.4%). In the coping strategies, the group presented the search for a spiritual or religious order as the main solutions to the problems (71.4%); followed by resilience and personal empowerment (35.7%) and care for family relationships (35.7%)

(Table 3). Self-care and responsibility for one's own body was the strategy least adopted by the researched group (7.1%).

Table 3 – Universal themes and coping strategies identified by participants in the ICT meetings held at ADIFI, Foz do Iguaçu-PR, Brazil, 2019/2020

	N (%)
Universal Themes (One per meeting)	
Physical and mental health problems	5 (35,7)
Family conflicts	4 (28,6)
Death, loss and/or distress	3 (21,4)
Suicide	2 (14,3)
Coping Strategies (Multiple)	
Search for spiritual or religious order	10 (71,4)
Resilience and personal empowerment	5 (35,7)
Care for family relationship	5 (35,7)
Establishment of solidarity networks	3 (21,4)
Self-care and responsibility for one's own body	1 (7,1)
Total meetings	14 (100)

Source: Devised by the authors

In the present study, it was verified whether there was a difference in the clinical parameters of blood glucose, systolic pressure and diastolic pressure of 8 participants who showed attendance and consecutive frequency between 5 and 6 ICT circles. By comparing these parameters of the participants, between the 1st and the 5th/6th circle of ICT, it was found that the systolic pressure was significantly lower at the end of the analyzed period ($p < 0.05$) (Table 4).

Table 4 – Comparison of clinical parameters (blood glucose, systolic and diastolic pressure) of participants in the interval between consecutive ICT meetings held at ADIFI, Foz do Iguaçu-PR, Brazil, 2019/2020

Parameters *	1 st Meeting **	5 th /6 th Meeting **	<i>p</i>
Glucose (mg/dL)	200,5 (72,6)	145,9 (27,0)	0,081
Systolic Pressure (mmHg)	142,5 (32,0)	133,8 (22,6)	0,380
Diastolic Pressure (mmHg)	82,5 (13,8)	72,5 (13,8)	0,007***

* Parameters of 8 participants with minimum participation between 5 and 6 circles of TCI consecutively. **Mean and standard deviation; *** $p < 0,05$ (Paired t-test).

Source: Devised by the authors

In order to deepen the analysis, there was a correlation between the number of ICT circles attended (independent variable) and the clinical parameters blood glucose, systolic pressure and diastolic pressure (continuous dependent variables) through linear regression analysis. As shown in Table 5, the clinical parameter blood glucose showed a negative and

significant linear regression coefficient in relation to the number of circles attended, indicating a significant reduction in blood glucose at the end of the analyzed period.

Table 5 – Linear regression analysis between the mean of the clinical parameters (blood glucose, systolic and diastolic pressure) of the participants and the number of attended ICT meetings, held at ADIFI, Foz do Iguaçu-PR, Brazil, 2019/2020

Parameters *	Coefficient	IC (95%)	p**
Glucose (mg/dL)	-14,3	(-21,9; -6,7)	0,006
Systolic Pressure (mmHg)	1,2	(-4,2; 6,6)	0,560
Diastolic Pressure (mmHg)	-0,9	(-2,6; 0,6)	0,172

* Parameters of 8 participants; with minimum participation between 5 and 6 conversation circles;

**p>0,05.

Source: Devised by the authors

The quasi-experimental design has implicit limitations to the method, in addition, it cannot be guaranteed that other variables may be influencing the results obtained, such as lifestyle, self-care and food, for example, because the big interval between measurements (5 to 6 circles of ICT), making it impossible to make any statement of causality, however, the results presented bring evidence that suggests that, in the context researched, the ICT meetings caused, directly or indirectly, changes that benefited the participants and their clinical parameters systolic pressure and blood glucose. Future studies are needed to deepen such impacts of ICT on users' behavior and health.

Final considerations

With the results obtained, it was possible to verify that the use of ICT meetings served, in general, as a tool to improve the quality of life and well-being of a group of diabetics from ADIFI present in the Brazilian triple frontier region (Brazil-Paraguay-Argentina).

The analyzed parameters that showed statistical significance (diastolic pressure and blood glucose) may have been influenced by the ICT interventions, but not only by these, as the influence of the educational and follow-up work carried out by ADIFI cannot be ruled out, benefiting behaviors and health of the participants, acting concurrently with the intervention performed. However, the results suggest that the ICT meetings yielded beneficial results in relation to these parameters.

It is essential to establish strategies that redefine the focus of the disease's attention to the individual, in the perspective of causality of illness as an axis composed of multifaceted and integrated variables that, when destabilized, directly affect the health of people and communities. It was found that, during the ICT meetings, users not only received and

constituted themselves, but also created, innovated and transformed, that is, they were active subjects, who participated and intervened in their different social contexts, so that the problems and the difficulties, added up through suffering and illness, were understood as products of a multidimensional interaction.

With the results obtained, it is possible to infer that ICT contributed directly and/or indirectly to the promotion of empowerment and the strengthening of bonds that resulted in treatment adherence through diabetes education and the improvement of quality of life, practices always present at ADIFI.

The application of ICT during the development of this research proved to be a therapeutic space for speech, listening and learning, which collaborated with the diabetes education program developed by ADIFI. In this way, the results obtained by the application of this light social care technology did not represent a finish line, but revealed a starting point for future investigations that will allow new developments to support diabetics.

The activities developed in this research are directly related to the proposals for inclusion and psychosocial rehabilitation of users and the appropriation of knowledge shared in the group through the mediation of the community therapist of the knowledge and experiences of each one. In these therapeutic meetings, the experiences emanating from the participants compose a knowledge that leads to resilience, autonomy and individual and collective empowerment. In that sense, trying to give an "end" to long months of work and dedication was complex. It is believed that a research does not start configured to be completed, it represents the triggering of an idea that could illuminate future investigations. This is the true meaning of knowledge: to surface the discoveries that can be refuted and/or continuously improved in a reality that is renewed in an increasingly faster way.

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