# THE SCENARIO OF INTEGRATIVE COMMUNITY THERAPY IN BRAZIL: HISTORY, OVERVIEW AND PERSPECTIVES

## *O CENÁRIO DA TERAPIA COMUNITÁRIA INTEGRATIVA NO BRASIL: HISTÓRIA, PANORAMA E PERSPECTIVAS*

## *EL ESCENARIO DE LA TERAPIA COMUNITARIA INTEGRATIVA EN BRASIL: HISTORIA, PANORAMA GENERAL Y PERSPECTIVAS*

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**ABSTRACT**: This manuscript, in essay form, is a contribution to the systematization of information and reflections on the scenario of integrative community therapy in Brazil, from its origin in the 1980s to the present day, presenting its trajectory, achievements, challenges and perspectives regarding the current socio-political and health scenario. The objective is to historically contextualize the ICT in Brazil, focusing on the ICT scenario, its epistemology, modus operandi and formation, its relationship with social determinants, perspectives such as Integrative and Complementary Health Practice inserted in the Brazilian public health system and repercussions of its implementation at the time of COVID-19. It is a theoretical-conceptual study, through bibliographic analysis and the authors' empirical experience with the topic. Adalberto de Paula Barreto is the creator of ICT and the authors are researchers, community therapists, health professionals, lecturers and members of the Brazilian Association of Integrative Community Therapy (ABRATECOM).

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**KEYWORDS**: Complementary therapies. Mental health. Integrative Community Therapy. Sistema Único De Saúde. Social support.

***RESUMO**: Este manuscrito, em forma de ensaio, é uma contribuição para a sistematização de informações e reflexões acerca do cenário da terapia comunitária integrativa no Brasil, desde a sua origem nos anos 80 até os dias atuais, apresentando sua trajetória, conquistas, desafios e perspectivas no que tange o cenário atual sociopolítico e de saúde. O objetivo é contextualizar historicamente a TCI no Brasil, com foco no cenário da TCI, em sua epistemologia, modus operandi e formação, sua relação com os determinantes sociais, perspectivas como Prática Integrativa e Complementar em Saúde inserida no sistema público de saúde brasileiro e repercussões de sua implementação no momento do COVID-19. Trata-se de um estudo de natureza teórico-conceitual, por meio da análise bibliográfica e da experiência empírica dos autores com o tema, sendo que Adalberto de Paula Barreto é o criador da TCI e as(os) autoras(es) são pesquisadora (es), terapeutas comunitárias(os), profissionais da saúde, docentes e membros da Associação Brasileira de Terapia Comunitária Integrativa (ABRATECOM).*

***PALAVRAS-CHAVES**: Terapias complementares. Saúde mental. Terapia comunitária integrativa. Sistema Único De Saúde. Apoio social.*

***RESUMEN**: Este manuscrito, en forma de ensayo, es un aporte a la sistematización de información y reflexiones sobre el escenario de la terapia comunitaria integradora en Brasil, desde sus orígenes en la década de 1980 hasta la actualidad, presentando su trayectoria, logros, desafíos y perspectivas en el que concierne al actual escenario sociopolítico y sanitario. El objetivo es contextualizar históricamente las TIC en Brasil, enfocándose en el escenario de las TIC, en su epistemología, modus operandi y formación, su relación con los determinantes sociales, perspectivas como la Práctica de Salud Integrativa y Complementaria insertada en el sistema público brasileño y sus repercusiones. implementación en el momento de COVID-19. Se trata de un estudio de carácter teórico-conceptual, a través del análisis bibliográfico y la experiencia empírica de los autores con el tema, siendo Adalberto de Paula Barreto el creador de TCI y las (los) autoras (es) son investigadores, terapeutas comunitarios, profesionales de la salud, docentes y miembros de la Asociación Brasileña de Terapia Comunitaria Integrativa (ABRATECOM).*

***PALABRAS CLAVE**: Terapias complementarias. Salud mental. Terapia comunitaria integradora. Sistema Único De Saúde. Apoyo social.*

## Introduction

Integrative Community Therapy (ICT) is a therapeutic practice that strengthens and/or creates bonds and networks of solidarity, rescues self-esteem and empowers people. It was generated within a social movement started in 1985, by land ownership in Fortaleza, in the State of Ceará, Brazil. The creator of ICT, Adalberto de Paula Barreto, is a doctor in psychiatry, theology and anthropology, and for more than 30 years, he served as a professor at the College

of Medicine of the Federal University of Ceará (UFC). He attributes part of this creation to his brother, Airton Barreto, a lawyer who practiced at the Human Rights Center of the Pirambú Community, at that time, considered the largest favela in the state.

It can be said that ICT is born in a scenario of precarious presence of public policies, in a context of high social vulnerability marked by a great restriction of human rights, such as health, public security, access to employment and income, goods and services, with high social stigma. Although the biggest problems experienced by that population are related to social inequalities, low self-esteem, insecurity and abandonment, the intervention strategy for "solving" such difficulties in the community was medicalization.

In this context, making a brief foray into history, we recall that the 1980s was marked by the great social struggles of workers, in search of the conquest of their social rights. We highlight here the Anti-asylum Movement, which emerged in 1987, as a movement against hegemonic classical psychiatry, based on the biomedical model of medicalization of madness and exclusion of the "mentally ill" (AMARANTE, 2007).

With the reestablishment of democracy, after a period of 21 years of dictatorship, Brazilians once again dreamed of citizenship. In 1985 there is a direct election for president of the republic and in 1988, with the large participation of organized civil society, a new constitution for the country is prepared and promulgated. Brazil was starting to emerge from the dictatorship implemented in 1964. The movement of the directives already, the committees for amnesty, the mobilization of students and teachers, workers, artists and journalists, opened space for actions of an emancipatory nature. The Workers' Party, the alternative press, aired the national political scene.

For the health field it meant a profound change in its policy. According to Article 196 of the Constitution, health was considered a right of all and a duty of the State. In that same field, mental health started the struggle for psychiatric reform, with the central purpose of extinction of asylums.

For the field of University Public Education, a new possibility was opened to create extension projects, not only of an assistentialist nature as was pointed out, but with a vision of meaning for the awareness of the popular class seeking their rights denied by the State and above all, to broaden their worldview, taking Paulo Freire's education as a parameter, whose foundation is in making the person learn to read in the world (KOCHANN, 2017).

Then there is the possibility of expanding the liberating front beyond the traditional political-party action, enriching social action with practices to recover identity, memory and historical perspective, breaking the paradigm of capitalist class domination. Such domination

is based on the alienation of the person, the ignorance of oneself, the strangeness, the ignorance of one's own roots, the negation of the other as a correlate to the negation of oneself.

ICT in the context of expanding the vision of the practice of extension and its proposal goes exactly in the opposite direction to alienation and dissociation of the person. The institutionalization of the practice took place in 1988 through an Extension Project of the UFC's Community Health Department and was later linked to the Integrated Community Mental Health Movement (MISMEC). In the 90s, the extension project in the favela was baptized as the "*Quatro Varas* Project", and to this day work is being carried out in the area of promoting community mental health in Fortaleza. Table 1 presents a timeline with the ICT milestones.

In its birth, Adalberto's first interventions took place informally, in the Pirambú community, where he and his medical students met with people from the community under the shadow of a Cashew Tree. A collective space for talking, listening and building social support networks was created, focusing on mental health care.

The regularization of these meetings led Adalberto to create a systematization, a "step by step", for the realization of them. Later, these meetings were "christened" with community therapy circles, conceptually defined, with clear objectives, theoretical axes and with a simple technique, currently called protocol, which works as a guide for the therapist to drive the wheel (BARRETO, 2010) .

ICT was not born ready, it was building and building the creator in a continuous movement. Barretian praxis is remarkably similar to Freirian praxis. Creator and creature are built simultaneously, understanding themselves as being/object in constant creation, being, therefore, unfinished.

**Table 1** – Timeline of important ICT events (2020)

| Year | Important events |
|---|---|
| 1987 | Creation of ICT in Pirambú |
| 1990s | Implementation of the *Quatro Varas* Project (Integrated Community Mental Health Movement - MISMEC) |
| 1990s | First formations in Integrative Community Therapy |
| 2004 | Creation of the Brazilian Association for Integrative Community Therapy (ABRATECOM) |
| 2006 | Agreement of the National Secretariat for Drug Policy (SENAD) with UFC and MISMEC/Ceará for the formation of community therapists; |
| 2008 | Several ICT Formation Agreements with the Ministry of Health; |
| | Formation of indigenous therapists |
| | Project *Calamidades* |
| | Insertion of ICT as a proposal for action in the basic network and in the mental health care network; |
| | Expansion to Europe |
| 2017 | Approval of ICT a practice recognized in the Policy of Integrative and Complementary Practices in Health (PICS) in the Brazilian Public Health System |
| 2020 | Supply of ICT circles online at the time of the pandemic by COVID-19 |

Source: Devised by the authors

ICT is based on five pillars: systemic thinking, the pragmatics of human communication, cultural anthropology, Paulo Freire's pedagogy and resilience. Thus, ICT - in addition to being an open space for the exchange of experiences and wisdom - creates bonds and rescues the autonomy of individuals, by facilitating the transformation of skills gaps, stimulating community resilience, which will make them capable of resignifying moments of pain and loss (BARRETO, 2010).

The resource that is used in the circle is the word, the speech, the verbal communication to give voice and time for emotions. The word is an important therapeutic resource, since when speaking we connect with our essence, valuing and giving space to the specifically human psychic function, which is our language. The word gives visibility to hidden suffering and allows the person to receive support from the group.

ICT is based on the skills of individuals and on the knowledge produced by experience, since each person is a true specialist in overcoming their pain and suffering. Their life stories have made them specialists in facing obstacles in the production of knowledge that is their own.

In addition to the knowledge of individual life history, the core of ICT recognizes the role of knowledge and wisdom that have been culturally built in people's family nucleus, valuing the heritage, history, struggles and overcoming of ancestors.

We assume that each person, regardless of their socioeconomic and cultural level, has knowledge that can be useful to others. And where does this knowledge come from? Knowledge built from overcoming difficulties in its own trajectory. You can love because you have been loved, but you can love because you have been rejected. Lack generates competence. We are

very adept at giving others what we have not received. But these knowledges, too, may be connected to knowledge inherited, sometimes unconsciously, from ancestors.

Those who are descendants of the indigenous have the knowledge of the shamans, manipulating medicinal herbs using teas, syrups, poultices. African descendants have the knowledge inherited from "pretos velhos", great connoisseurs of the medicinal value of roots and Afro-Brazilian healing rituals. And not to mention the knowledge brought by European colonists and Asian immigrants.

There is great sociocultural potential outside institutional hegemonic models. ICT breaks with the vertical, authoritarian and imposing education model, where the problems of individuals and communities are provided in a passive and dependent manner by institutions and specialists. Thus, it is questioned the domination that makes the relationship of “helping the other” a way of offering idealized “solutions”, which generate dependency, ready responses that are sometimes coercive, punitive and disconnected from the person's reality. Instead of doing something for the other, you do something with the other, that is; we do it together, listening and trying to understand its context, its world through questions, sowing doubt in the certainties that imprison it (BARRETO, 2010).

This foundation present in ICT is supported by systemic thinking, which conceives human systems formed by people in intense interaction in such a way that the behavior of one member affects and is affected by the behavior of the other. In this context, any problem situation must be seen within a broader context, understanding that all those involved in the situation are part of the problems and not just the problematic member (BARRETO, 2010).

The person, in the systemic approach, is a member of a relational network, within a dynamic, paradoxical and complex reality, capable of self-regulating, self-protecting, self-transcending and self-healing. Within the vision of the principles that guide ICT, when a person has a problem, they also have the solution within themselves, becoming a therapist for themselves. As Carl Rogers said, in the person-centered approach “human beings have the capacity, latent or manifest, to understand themselves and solve their problems sufficiently to achieve the satisfaction and effectiveness necessary for proper functioning” (ROGERS; KINGET, 1977, p. 39), our translation.

ICT is a potent therapeutic possibility for the individual to get in touch with himself, coming out of his latency state to manifest his becoming as a human being in search of his flowering, with higher levels of happiness, positive social relationships and meaning of life. Thus, ICT can be considered as a health practice that stimulates the individual's reconnection potential with himself, in a process of self-knowledge and transformation, which leads to the

expression and recognition of his feelings and emotions, allied to his belief, to his act and think, within their rational/cognitive system (SILVA et al., 2018).

Sometimes the person is not aware of the relationship that exists between his feelings and emotional and biological imbalances. Having a therapeutic space "protected" from speech and listening, and also from reflection through dialogue with others, where physical/emotional pain is legitimized, there is no judgment, no advice or sermons, it is a way to deal with feelings that generate suffering, often responsible for somatization or clinical complications.

That is why the popular adage "*when the mouth is silent, the organs speak, but when the mouth speaks, the organs heal*" (our translation) is used to refer to the theoretical pillar of ICT - Watzlawick, Beavin and Jackson's theory of human communication (1973) - because in this framework all behavior is communication and the physical body will exteriorize, in the vast majority of times, unconsciously, through discomfort, symptoms and diseases, what we live in the deepest of ourselves (BARRETO, 2014). The body has a wisdom to point out what is for or against life, and the ICT epistemology helps to perceive the disease not as a single biological movement of exclusive biological origin, but as a "symbolic language of the soul" and an indicator that there is a essential imbalance that needs to be seen and understood in order to reach higher levels of awareness about yourself, your bodies and your health-disease-care process.

The possibility of making a contextualized narrative about emotions that cause suffering, and to be asked by the therapist or by the participants, about the sense or meaning of this anguish and its impact on health, in addition to listening to the point of view of the other, allows to create new opportunities to the person to look at themselves and the way their body speaks and reacts more consciously, reflecting on their health-disease process.

It is important to highlight the specificity of the ICT, since it is not a group psychotherapy focused on the disease or the biologization of mental suffering, nor a clinical practice - as the biomedical model does - but, rather, a "solidary care" that is carried out in community, with people of any nationality, socioeconomic level, age, religion, sexual orientation, gender identity, context. ICT carries with it an integrative approach to social inclusion, as it seeks the diversity of cultures, knowledge and skills, to enrich the dynamics of affective relationships and bring about an improvement in self-esteem, personal and collective empowerment (BARRETO, 2010).

## The technique of Integrative Community Therapy

The ICT circle creates a welcoming context in which the individual rediscovers his values and potentials, assuming the role of his own history, in addition to awakening the feeling of belonging, valuing his cultural roots.

The circles of Integrative Community Therapy, which historically have always been face-to-face - with the advent of the new coronavirus pandemic -, have also become virtual, without losing their group characteristics and benefits for emotional and community health.

It is worth saying that human presence manifests itself and occurs in several ways. A person participating in a virtual ICT circle can be a face-to-face act or not, depending on his attitude, intention, attention, in other words: the person chooses whether he is present or not. The same happens in physical encounters, the person can be present in the body, but the mind cannot!

The ICT circles can only be performed by community therapists in formation or formed by Formation Poles recognized by ABRATECOM - Brazilian Association of Community Therapy, work with a therapist and a co-therapist in order to ensure the proper and successful conduct of the methodology

ICT's step-by-step consists of the following steps: reception, choice of restlessness, contextualization, sharing of experience and completion (BARRETO, 2010). The stages are procedural and progressive, making each circle an encounter with a beginning, middle and end (REIS, 2017).

Each stage includes a task with specific characteristics and objectives and they are the same considering the face-to-face or virtual modality. The details of each stage are shown in table 2.

**1. Welcoming**: it is the soul of community therapy, the process of inclusion and belonging is worked on, it is the time to welcome and make room for the joy of being in a group. The positive result of a ICT circle is due to the care with this step: the rules are socialized (table 3), we include music, offering a pleasant moment, we introduce the team of therapists and we present to the group, what is the ICT, in a simple and direct way, assigning a space for sharing our concerns and achievements. In this stage, the achievements of each one are celebrated, a body dynamic is proposed to “break the ice” and allow each participant to share in the sharing, avoiding remaining in an “intellectual” speech divorced from our emotions.

**2. Choice of concerns**: The next step is to choose the concern where the therapist begins by asking about the reason for the presence of each one and what are the sufferings that are

bothering the participants at the time. The therapist tries to stimulate the importance of speaking, of expressing his difficulty, always appealing to cultural proverbs. It is customary to say: "*When the mouth is silent, the organs speak*" and we add: "*we will speak with the mouth so as not to talk about diseases*". At the circle, the focus is on emotions, not problems. Once this is done, the group is asked to choose which of the stories they relate to, because as Barreto emphasizes, "people choose themselves when choosing the theme that touches them, as we only recognize in the other what we know in ourselves" (BARRETO, 2010, p. 69, our translation). After that moment, comes the vote in which only one concern will be chosen to be worked on in that circle.

**3. Contextualization**: Right after that, there is the contextualization stage when people can ask questions to better understand the concern that was chosen. This moment is very important, since, when answering the questions asked by the other participants, the person is encouraged to reflect on their own history and everyone in the group who lived this same experience also talks to themselves about their anxieties and anxieties .

**4. Sharing Experiences**: After contextualization, the protagonist is on *standby* and the group starts to share experiences. The community therapist raises the question, the motto (which is a key question that will allow the group to reflect during therapy): *Who has already experienced something similar and what did they do to overcome it?* For example: if the topic is **insomnia**, several strategies will emerge such as using teas, exercises, dancing, singing, massage. The protagonist who came with a problem leaves with several possibilities for managing his suffering. In another case, someone (at the time of unrest) bring his pain: "*I lost hope of taking my son off* ***drugs***". In this case, we are not talking about the drug, but about the loss of hope in general, asking the group: "*Whoever lost hope for whatever it was, and what did they do to recover*?". Different strategies will emerge from the group. The sharing of experiences allows the identification of unknown local resources and a local social support network is formed. Is it by sharing life experiences that the soul's pain is relieved, and it is discovered that each one has a knowledge that can be useful to the other?

**5**. **Completion**: The last step is the closing where rituals of aggregation and positive connotation are performed, with the therapist thanking everyone for their presence and courage. This moment can be creative with the use of dynamics that people recognize and express affection, security, welcome, friendship, understanding, among others.

**6. Post-Circle**: After the end of the ICT circle, an appraisal is carried out among therapists to assess the results and possibilities for improvement.

**Table 2** – Synthesis of the stages of Integrative Community Therapy (2020)

| |
|---|
| **Welcoming**<br>- *Welcome:* to promote a warm, welcoming and bonding space<br>- *What is ICT?* It is a space for sharing our concerns and achievements<br>- *Highlight ICT rules*<br>- *Celebrations: birthdays, important dates, achievements, overcoming*<br>- Heating dynamics |
| **Choice of Concerns**<br>- Why talk at the circle, what to talk about and who wants to talk about their concerns<br>- Restitution of the stories told by the participants<br>- Summary of concerns<br>- Identification: with which concern the participant identifies and the justification<br>- Voting for the concern that touched/sensitized the participants<br>- Thanks to everyone who brought in their pain |
| **Contextualization**<br>- Beginning of questions and invitation to participants to ask for further clarification on the most voted story<br>- Preparation of the motto<br>- Thanks to the protagonist of the chosen concern<br>**Sharing Experiences**<br>- *Launch of the motto*: the most important moment of the circle, the moment when the pearls appear. It is the heart of integrative community therapy<br>- Sharing the experiences of people who wish to respond<br>- Thanks to the group |
| **Completion**<br>- *Aggregation ritual*: balance wheel<br>- *Connotation of learning*: what I have learned and am taking from the circle |
| **Assessment (post-circle moment)**<br>- Appreciation of the circle among community therapists |

Source: Barreto (2010) e Mendonça (2012)

**Table 3** – Rules of Integrative Community Therapy

| **ICT Rules** |
|---|
| 1. Be silent when someone is speaking: to respect the other person's speech and to exercise active listening. |
| 2. Talk only about yourself and how you feel about the events that happen to you, using the first person of the singular: “Talk about yourself, using the I”. |
| 3. Never give advice, sermons, give speeches and analyze stories. |
| 4. Culture Rule: You can propose songs, jokes, sayings that have to do with the theme. |

Source: Devised by the authors

## ICT and public health policies: a mental health care tool

The practice of ICT has been spread exponentially both nationally and internationally. Currently, ICT has spread to countries in America, Europe and Africa. ICT is present in 27 countries, including: Chile, Paraguay, Argentina, Ecuador, Mexico, Mozambique and Italy and France (MISMEC-CE, 2020). In Brazil, since its creation, ICT has been expanding in different

areas, mainly in the public sector, such as health, education, justice, human rights, public security and in public calamities.

The consolidation in these sectors has an imbricated relationship with partnerships established, since 2004, between several institutions: Federal University of Ceará (UFC), Brazilian Association of Integrative Community Therapy (ABRATECOM), Ceará Research and Culture Foundation (FCPC), National Antidrug Secretariat (SENAD) and Ministry of Health (MS), with the objective of forming community therapists across the country.

By the year 2011, it was estimated that there were over 30 thousand Community Therapists in Brazil (REIS, 2017), and in just one agreement of the Ministry of Health, in 2008, more than 1000 health professionals were formed, especially, Community Health Agents (CHA), with the objective of strengthening the promotion of mental health in Primary Health Care (PHC).

In the context of the Unified Health System, since 2017, from Ordinance No. 849, of 27 March, 2017, ICT is one of 29 Integrative and Complementary Health Practices (PICS) and is classified as advanced psychosocial intervention according to the Mental Health Notebooks of the Ministry of Health (BRASIL, 2013). The implantation of ICT in SUS and in the Family Health Strategy is an important movement to change from an assistance policy to a policy of solidary participation and reorganization of health care networks, through which policies focus their objectives on health promotion and psychosocial development of communities (ANDRADE *et al.*, 2011; CEZÁRIO *et al.*, 2015).

Currently, ICT is one of the four most performed PICS, in number of teams working in Primary Health Care in Brazil, only lagging behind ancient practices: body practices of Traditional Chinese Medicine (16.6%), medicinal plants and herbal medicine (14.9%) and acupuncture (12.7%) (TESSER; SOUSA; NASCIMENTO, 2018). According to the Ministry of Health, Integrative and Complementary Health Practices (PICS) are practices and resources that seek to stimulate the natural mechanisms for preventing injuries and recovering health, with an emphasis on welcoming listening, developing the therapeutic bond and integrating the human being with the environment and society (BRASIL, 2006).

Although ICT is a PICS of recent origin compared to others, such as acupuncture and homeopathy, the fact that it is a collective practice, genuinely Brazilian, potentially cost-effective, that uses cultural resources and popular knowledge and life to accommodate human suffering and promoting mental health - justifies its exponential growth.

In 2006, when there was a partnership between UFC/SENAD/MISMEC-CE, in the project “Impact of Community Therapy as a resource to prevent the use and abuse of alcohol

and other drugs", 12 thousand questionnaires were filled out in order to evaluate the impact of ICT on the lives and health of the protagonists of the circles. In this work it was identified that the reasons why the participants of the circles suffered were: stress and negative emotions (26.7%) and family problems (19.7%) (BARRETO, 2010).

As for referral to the Psychosocial Care Network (RAPS), only 11.5% were referred to health services, that is, 88.5% of the sufferings and difficulties presented in the ICT circles found a solution in the ICT itself (BARRETO, 2010).

In another study carried out in 2015 in the municipality of Santa Terezinha de Itaipu, near Foz do Iguaçu, the Integrative Community Therapy was inserted as a gateway for users in PHC, which enabled the majority of individuals with low risk in mental health were welcomed and monitored, rationally using each type of health care and care (CORREA; SILVEIRA, 2015).

Thus, in this research it was noticed that with the implantation of the ICT in the municipality it was possible to eliminate the repressed demand that existed in the Basic Health Units and end the waiting list, with a significant increase in the resolution in Primary Care in Mental Health (CORREA; SILVEIRA, 2015).

This information brought about the ICT are relevant to awaken and sensitize the managers of the Unified Health System to non-conventional therapeutic resources in mental health care, since, historically, mental health care has been based on the pathologization of suffering, with the unnecessary and irrational use of antidepressants, benzodiazepines and anxiolytics, even though it is widely recognized that diffuse suffering or psychosomatic complaints do not fit the formal criteria for diagnosing depression and anxiety according to the *Diagnostic and Statistical Manual of Mental Disorders V* (DSM-V) and International Classification of Diseases 11 (ICD-11)

The ICT method has a good potential to be cost-effective as a public policy, based on a complementary non-medical approach - as it needs few human and financial resources for its realization and its impact, especially in the psycho-emotional and social dimensions in which this impact is evident - in addition, it brings the prospect of reducing queues for individual care in mental health, optimizing the actions in the RAPS.

## ICT formation in the context of PICS

Formation in ICT started in the 90s through the Quatro Varas Project, offered by the UFC Community Health Department. The Quatro Varas project implemented several

therapeutic actions such as taking care of caregivers, massage therapy, medicinal plants, art therapy, yoga among others. At the time, 2 courses were offered to leaders: Integrative Community Therapy Course and Therapeutic Body Approach (REIS, 2017). In 33 years of operation, the 4 Varas Project has already performed more than 2 million calls, with an average of 3 thousand calls per month (MISMEC-CE, 2020).

Of the 29 PICS recognized in the Brazilian public health system, most of them are classified as free-of-charge courses, including ICT, as well as reflexology, shantala, reiki and meditation. According to article 42, of the Law of Guidelines and Bases of National Education, open courses are courses whose formation is open to the community, which do not have a pre-established workload and their enrollment is not conditioned to the level of education (BRASIL, 2005). These aspects, when referring to formation in PICS, have reflected in offers of courses with low workload, distance, of an informative nature only, reflecting in low quality in technical and humanistic formation (NASCIMENTO *et al.*, 2018).

Unlike a relevant portion of the free courses offered in the area of PICS in Brazil, formation in Integrative Community Therapy is face-to-face, with at least 240 hours, divided into 100 hours of theoretical modules with experiences to rescue self-esteem based on Branden (1994). In addition, there are 60 hours of practical internship in which the community therapist in formation needs to perform 30 rounds of ICT in different populations and contexts, in order to appropriate the methodology and "be a therapist", and 80 hours of intervision, aims to establish a dialogue between theory and practice, necessary to build this new way of acting in communities.

However, at this time, in July 2020, with the advent of the pandemic for the new coronavirus, the network of community therapy educators in Brazilian and Latin American has joined together to rethink ICT formation - considering hybrid formation - to the detriment of health and epidemiological needs of social confinement, but which cannot represent affective and emotional isolation.

Anyone can be a community therapist, as long as they are over 18 years old and have a desire to undergo formation. There is no academic requirement, can be lay or professional. However, it is necessary to have an affinity with teamwork, with the social dimension, be legitimized by the community and feel co-responsible for building a solidary culture.

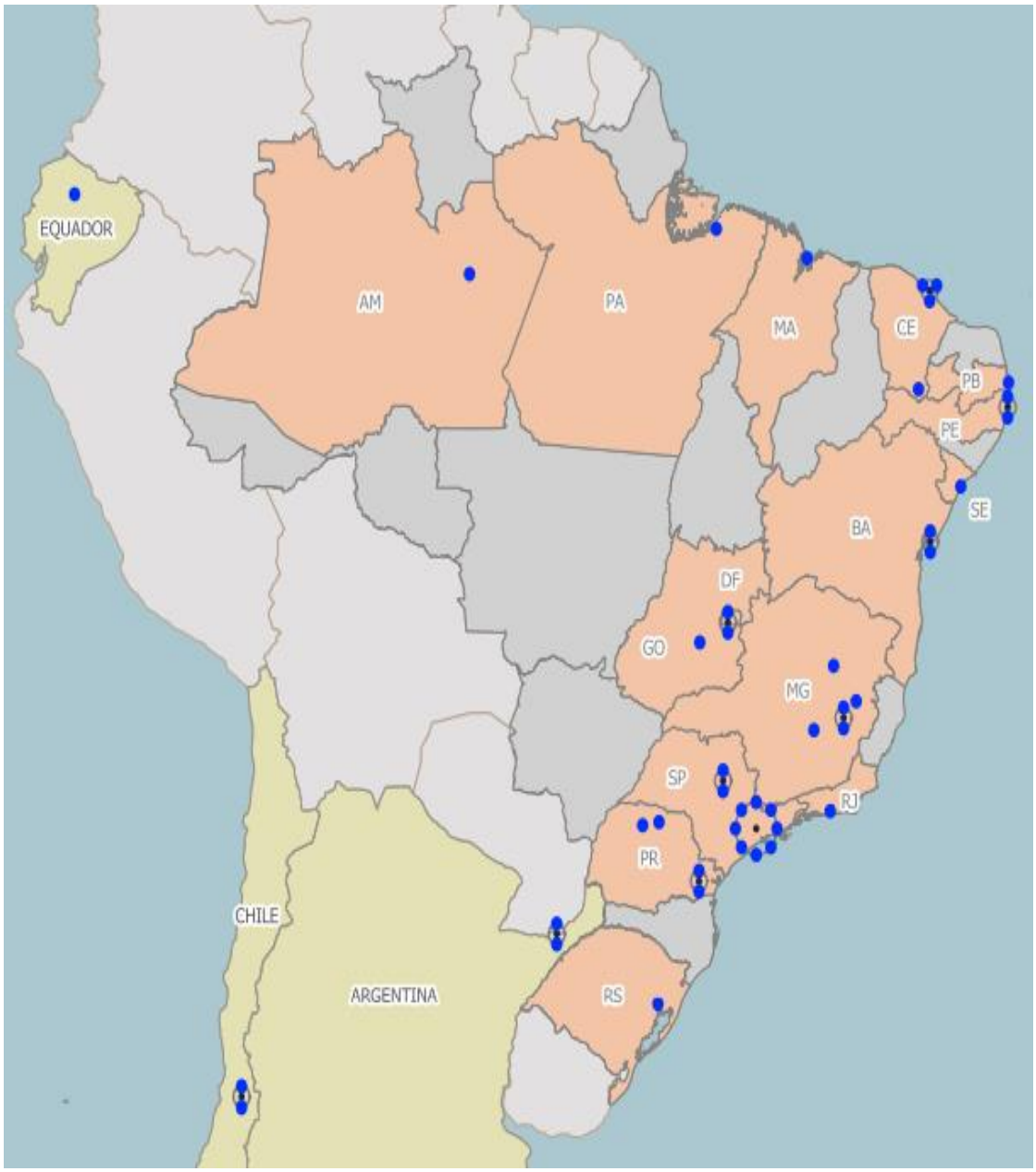
The training courses are offered by Formative Centers in ICT spread throughout Brazil, Latin America and Europe, which are linked to the Brazilian Association of Integrative Community Therapy (ABRATECOM) or European Association of ICT (AETCI). In July 2020,

there were 42 Formative Poles, present in the 5 regions of Brazil (15 Brazilian States) and Latin America (Figure 1).

## ICT in the context of the new coronavirus pandemic

According to data from the records of the Brazilian (SisRodas, 2020), Latin Americans and Europeans Formation Centers, from March to July, ABRATECOM- Brazilian Association of Community Therapy-, in partnership with the Brazilian Association of Social Psychiatry, the Department of Community Mental Health of the World Association of Social Psychiatry - supported by the National Observatory of Traditional, Complementary and Integrative Knowledge (ObservaPICS) and the Brazilian Academic Consortium of Integrative Health (CABSIN) - carried out 711 circles of ICT online in 15 countries, in 5 languages (Portuguese, Italian, French, Spanish and English), reaching approximately 11,500 people. Recently, in a publication entitled "*Integrative Community Therapy in the Time of the New Coronavirus Pandemic in Brazil and Latin America*", it was shown that, based on the online circles carried out, the emotions experienced are the same regardless of culture, showing that pain and suffering have no boundaries and unites us as humanity. ICT online has become a support network for the rescue of hope, implying the discovery of unknown potentials, transformations in life's adversities, and overcoming oneself (BARRETO *et al*., 2020).

**Figure 1** – Geographic distribution of Community Therapy Formation Poles in Brazil and Latin America (July 2020)




Source: Devised by the authors

Below is a summary table of relevant information about ICT, regarding concepts, resources, values, method and formation (Table 4).

**Table 4** – Summary table on the main information about Community Therapy (July 2020).

| | **Integrative Community Therapy** |
|---|---|
| **Year of creation** | 1987 |
| **Creator** | Adalberto de Paula Barreto |
| **Country of origin** | Brazil |
| **Utilized resources** | Local, cultural and community resources expressed by speech and body language that stimulate the person's connection with their emotions and life history; |
| **Classification for the Ministry of Health** | PICS inserted in SUS by Ministerial Ordinance GM 849, of 27 March 2017 as an advanced psychosocial intervention. |
| **Approach** | Collective interpersonal therapy that occurs with large groups of people in a space protected by rules that prevent ideological manipulations |
| **Values** | Receptiveness; Simplicity; Circularity of care; Valuing emotions; Boldness and transgression; Generation of Doubts in the convictions; Horizontality of relationships; Perception of the other as a resource; Acceptance of unpredictability; Love with good mood |
| **Theoretical foundations** | Pedagogy of Autonomy by Paulo Freire<br>Cultural Anthropology<br>Systemic Thinking<br>Communication theory<br>Resilience |
| **Methodological stages** | Welcoming<br>Choice of concern<br>Contextualization<br>Experience Sharing<br>Completion/Positive connotation<br>Assessment |
| **Formation in ICT** | 240-hour free course |

Source: Devised by the authors

## Final considerations

In this article we have described some substantive aspects of ICT, which allow us to view it as a liberating social practice that integrates in a concrete and effective way, personal, community and cultural resources, in the sense of building active and participative, conscious and creative social subjects. Healthy. It breaks with the model of mass manipulation over which the domain of exploiting societies that use and discard people is established. Because it is an open and plural citizen action, respectful and potentiating differences, it is an active and effective germ for sustaining meaningful, full human life forms. Nothing healthier than simple and complete happiness.

Much more than merely promoting health and preventing illness, ICT is a space in which people recover their sense of self, their own value, regardless of their relationship with the market (utility, results, benefits). We come to realize that we are a reality of immeasurable value, no matter what our origin, social position, sexual orientation or religious belief. At ICT, ideologies and dogmatisms are not preached, but the supreme values that give meaning to life

are practiced; not judging, welcoming, re-knowing oneself in the other person, create an amalgamation of positive social bonds, connections with affections, belonging and rooting, favoring the redefinition of suffering.

In the midst of a society that presents itself based on liquid relations in a political-economic system that is based on the alienation and emptying of the person and his transformation into a mere object, ICT consolidates itself as an effective and efficient humanization tool that it withdraws from apathy, from the role of victims, from the embodied feelings of abandonment and uselessness. Bonds are created in unity, community, which are a real antidote against despair and the lack of existential meaning that can lead to self-destructive behaviors. In the current pandemic, the virtual circles of ICT are becoming a strategy for many people to leave the state of isolation and loneliness and connect with the beautiful and still present humanity.

ICT proposes a rescue of the sensitive in our relations and actions!

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