

INTEGRATIVE COMMUNITY THERAPY FOR THE ELDERLY ON THE VIRTUAL PLATFORM DURING THE PANDEMIC ASSOCIATED WITH COVID-19

TERAPIA COMUNITÁRIA INTEGRATIVA PARA IDOSOS EM PLATAFORMA VIRTUAL DURANTE A PANDEMIA ASSOCIADA A COVID-19

TERAPIA COMUNITARIA INTEGRATIVA PARA ADULTOS MAYORES EN LA PLATAFORMA VIRTUAL DURANTE A PANDEMIA ASOCIADA A COVID-19

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ABSTRACT: This study aimed to share the experience lived among elderly people on a virtual platform. It is based on the practical strategy of Integrative Community Therapy (ICT) and the Theory of Praxis Intervention of Nursing in Collective Health (TIPESC). The collection was carried out by means of specific instruments; 14 ICT circles with a participation of 90 (100%) elderly people were carried out and a sample was taken for convenience. Among the main results, the circle stands out as a soft technology that intends to give voice to this age group considered a risk group and contribute to the implementation of new policies in Brazil, advancing to insert the elderly in the new world technology, fighting the existing challenges and aiming at preventing the socio-economic impacts after the pandemic associated to Covid-19.

KEYWORDS: Good practices. Collective health. Integrative community therapy. Aging. Family.

RESUMO: *O presente estudo teve como objetivo compartilhar a experiência vivenciada junto a pessoas da terceira idade em plataforma virtual. Sustenta-se na estratégia prática da Terapia Comunitária Integrativa (TCI) e na Teoria Práxica de Enfermagem em Saúde Coletiva (TIPESC). A coleta foi realizada por meio de instrumentos específicos; foram realizadas 14 rodas com uma participação de 90 (100%) idosos e foi realizada uma amostragem por conveniência. Dentre os principais resultados destaca-se a roda como uma tecnologia leve que pretende dar voz a este grupo etário considerado grupo de risco e contribuir para implementação de novas políticas no Brasil, avançando para inserir o idoso na nova tecnologia*

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mundial, combatendo os desafios existentes e visando prevenir os impactos sócio-político-econômico após a pandemia associado a Covid-19.

PALAVRAS-CHAVE: *Boas práticas. Saúde coletiva. Terapia comunitária integrativa. Envelhecimento. Família.*

RESUMEN: *Este estudio tuvo como objetivo compartir la experiencia vivida con personas de la tercera edad en una plataforma virtual. Se basa en la estrategia práctica de la Terapia Comunitaria Integrativa (TCI) y la Teoría Práctica de la Enfermería en Salud Pública (TIPESC). La recolección se realizó con instrumentos específicos; Se realizaron 14 ruedas con una participación de 90 (100%) ancianos y se realizó un muestreo por conveniencia. Entre los principales resultados, la rueda se destaca como una tecnología ligera que tiene como objetivo dar voz a este grupo de edad considerado como un grupo de riesgo y contribuir a la implementación de nuevas políticas en Brasil, avanzando para insertar a los ancianos en la nueva tecnología mundial, combatiendo los desafíos existentes. dirigido a prevenir impactos socio-político-económicos después de la pandemia Covid-19.*

PALABRAS CLAVE: *Buenas practicas. Salud pública. Terapia comunitaria integradora. Envejecimiento. Familia.*

Introduction

The aging process is a global challenge, according to the Pan American Health Organization (PAHO, 2019), the global number of elderly people - understood to be 60 or more years old - is projected to increase from 962 million in 2017 to 1.4 billion by 2030, all regions of the world except Africa will have almost a quarter or more of elderly people. Simultaneously, according to the Brazilian Institute of Geography and Statistics (IBGE, 2018a), Brazil has more than 28 million people in this age group, representing 13% of the country's population, projected to double in the coming decades.

Aging is also defined as a natural, progressive and irreversible process, typical of living beings and which undoubtedly is influenced by social, political, economic and psychological factors. Thus, the changes resulting from aging in turn influence the communication processes, bringing repercussions and consequent social exclusion (MESQUITA; CAVALCANTE; SIQUEIRA, 2016).

According to the National Health Survey of 2013, the most recent by IBGE, 17.3% of the elderly had functional limitations to perform Instrumental Activities of Daily Living, increasing to 39.2% among those aged 75 and over (IBGE, 2013) . In this sense, in view of the pandemic caused by the SARS Covid 19, the population had to reorganize in the face of the governmental imposition of social isolation, thinking about the elderly within this scenario,

including the concern with deficient social interaction is necessary, corroborating with what guides of attention to the Elderly of the Municipality of São Paulo (SÃO PAULO, 2016).

Complementary Integrative Practices (PICs) articulate and reinforce the principles and guidelines of the Unified Health System (SUS), since their implementation is based on health promotion based on comprehensive care, with a focus on humanized care. From an intersectoral and interdisciplinary perspective, complementary integrative practices work in the field of sickness and disease prevention, promoting holistic and progressive care, aligned with the uniqueness of everyone. The implementation of strategies like this is essential in the composition of healthy aging (BRASIL, 2006).

For Lima (2007), it is necessary that the elderly be stimulated to learn new technologies. The internet is a possibility to take the elderly out of their comfort zone and put them on a path of new learning that can improve their quality of life.

The need for communication in this phase of the pandemic demands new ways of thinking, in addition to understanding this phase of the life cycle where physiological changes occur, there is a need to interpret the modalities that permeate the interactive process of the elderly. In parallel with the aging population, there is a constant evolution of Information and Communication Technologies (ICTs), which have been consolidating and changing the communication profile between individuals.

In this sense, for the elderly to continue to follow this evolution and not suffer harmful impacts, it is appropriate to perform the insertion in the new language and communication technology, monitoring these interactions.

In view of this new situation associated with Covid-19, many professionals who work in the care of the elderly faced this new challenge, with the need for reorganization and individual and collective construction of a new communication process. New interaction strategies were created to respond to the needs of dealing with the suffering of social distancing, culminating in a rethinking of the socio-political, economic and, primarily, mental health repercussions.

Addressing comprehensive care to the population during aging is a constant challenge for Brazilian society and the moment is relevant to expend efforts for the effective application of human rights.

In Brazil, inequalities are diverse, among them the conditions of access to, work, health, housing, leisure, education, development, which vary among other factors, according to the distribution of income, age group, access to technology and education; these disparities, which end up making it difficult to claim certain rights, access to quality of life, respect for human

dignity and dignified aging.

ICT as a possibility of comprehensive care and social interaction

At the UN General Assembly in 2015, an agenda for 2030 focused on sustainable development was established, which proposes 17 objectives to transform our world, dialoguing with the following objective: Ensuring a healthy life and promoting well-being for all, at all ages and socio-cultural contexts. Emphasis is placed on the responsibility of all States, in accordance with the United Nations Charter, to respect, protect and promote human rights and fundamental freedoms for all, regardless of race, color, sex, language, religion, national or social origin, age, disability or other determinant (UN, 2015).

In this context, ICT is a community space open to all, supported by health promotion and centered on the relief of psychological suffering, in which priority elderly people meet to share life experiences, think about their concerns and, above all, to build of solidary bonds. ICT is considered a therapeutic instrument that acts by accepting pain through listening without judgments, giving visibility to pain and ways to overcome it. Thus, the implementation of appropriate tools and policies for the elderly must be established, and they are supported by the UN's own objectives.

Therefore, the present study intends to share the experience lived with people of the third age carried out during the pandemic associated with the covid-19 using ICT Circles on a virtual platform from an initiative of a formation center in the city of São Paulo.

Methodology

It is an account of a 14-circles experience with the elderly, carried out during the period from 27 March to 26 June of 2020 through a digital platform, organized by the formation center at ICT Afinando a Vida Institute (IAV) in city of São Paulo, recognized by ABRATECOM. It is based on the practical strategy of ICT (BARRETO, 2015) and the Praxic Theory of Nursing in Collective Health (TIPESC) (EGRY, 1996) which aims at the dynamic systematization of the capture and interpretation of objective reality, articulated to the processes of production and reproduction to understand the health-disease process of a given homogeneous group in a social and historically determined context.

A total of 90 (100%) elders participated in these circles and 16 (18%) participants participated in this sample for convenience, who were characterized by participating in these

circles on a more regular basis; among the instruments used there is a presence list that contained sociodemographic data and an evaluation form filled out after the execution of each circle on the responsibility of community therapists, this sheet contained data related to the number of participants, themes prevalent during the circle; identification with the topics covered, strategies for overcoming and evaluating the process and suggestions for improving the following circle.

Analysis and Discussion of Results

Production and social reproduction profile

During the execution of the 14 circles of the ICT, 90 (100%) elderly people participated, whose age was between 60 and 83 years old, with a female predominance, represented by 84 women, 93% of the participants, and only 6 (7%) men.

The following data were obtained from the information of the 16 elderly people who represent 18% of the total of assiduous participants and for the purpose of this presentation, 100% of this sample will be considered for convenience.

As for the *ways of living*, the origin of most elderly women came from various parts of Brazil, with a predominance of the city of São Paulo with representativeness of the northern, southern and eastern regions, as for the distribution in the national territory, we observed 81.25% of the elderly live in the Southeast, 12.50% live in the Northeast and 6.25% in the North.

As for ethnic racial representation, 50% of participants declared themselves white, 31.25% brown and 18.75% black.

When asked about life and health habits, to occupy the free time of the total participants, 68.75% are dedicated to cooking, 43.75% have the habit of reading, 25% take walks and 37.5% have developed some manual activity. In health aspects, there is a prevalence of chronic diseases such as Arterial Hypertension and Diabetes Mellitus (50% and 18.75% respectively), 12.5% are followed up for some neoplasia and 6.25% treat dyslipidemia and depression.

Regarding the level of education 56.25% have higher education, 12.5% partially attended higher education, 18.75% completed high school, 6.25% were not literate.

As for housing, 62.25% of participants lived at home with up to three people, 25% live alone, 6.25% live with up to five people, this representation being equivalent to that of the elderly who live with more than five people. As for living conditions, 87.5% live in their own masonry houses and the rest in collective housing. Horta and Daspett (2018) point out that the

number of elderly people living alone is growing in Brazil, a fact linked to the aging of the population, a survey released by IBGE (2018b), points out that in Brazil 25% of the elderly live with three or more residents, 60% with up to two people and another 15% are alone in their homes.

All participants state that religion is an important aspect, including those who did not declare to follow any type of religious institution represented by 12.5% of the sample, Catholics represented 62.25% of the group, followed by Spiritists 18.75% and minority Buddhists 6.25%.

As for the *forms of work*, retirees represent 43.75% of the group, without carrying out other work activities, 25%, despite retirement, performed other professional or domestic activities. Considering the financial support, 25% of the participants receive up to 2 minimum wages, 62.5% receive the equivalent of 2 to 5 minimum wages, and only 12% have an income above 5 minimum wages.

From the perspective of social determination, with the interpretation of the health-disease process linked to social issues related to individual habits, forms of occupation, as well as social context, it is clear that the issue of aging is a deleterious factor as a singular determinant, due to changes dynamic and continuous, which impact the way of interacting socially. In contrast, participation in the ICT circles, on a voluntary basis, promotes a protective factor in the sense that they participate in group activities, with greater responsibility for self-care, based on the recognition of their limitations stimulated by the sharing of experiences in this space collective communication.

Regarding the level of education presented, it was found that the education rates mentioned here differ from the sociodemographic profile of the elderly in Brazil. According to the 2019 National Continuous Household Survey (PNAD Contínua) of 2019, the illiteracy rate of individuals aged 60 or over was 18.0%. It is also noted that, in Brazil, the illiteracy rate is related to age. Therefore, the older the population group, the greater the proportion of illiterates (IBGE, 2019).

The percentage of people aged 25 or over, with complete higher education, went from 16.5% in 2018 to 17.4% in 2019, in the Brazilian territory. Thus, it is evident the high level of education of the target audience of this study, exceedingly even the educational level of adults and young people, nationwide (IBGE, 2019).

The high level of education presented by the elderly in the group proves to be a protective factor, within the singular and structural dimensions, since many studies bring the high education factor as a protective factor through numerous outcomes. A study carried out to determine the individual and contextual factors associated with disability in elderly Brazilians

pointed out that low education and the absence of a social/family network had associations with disabilities. In addition to pointing out that problems in accessing health services can increase the chances of disability (FIGUERÊDO, 2019).

With regard to ways of living, activities such as cooking, reading and walking were used to occupy free time, practices that are evident as protective processes. For Rocha and Grabosque (2019), the leisure activities of the elderly and their self-perceptions of health, contributed to the preservation of autonomy and independence and their physical well-being and cognition.

Regarding the forms of work, most of the elderly are retired and 43.75%, a significant part, in addition to being retired, he exercises some type of work activity. Retirement symbolizes the transition between the labor universe and another phase of life, in which there is a rearrangement of social roles. Furthermore, it represents a fundamental element of the Social Welfare State, promoting greater quality of life for the elderly population along with social security. Thus, it can be inferred that retirement acts as a protective factor within the singular dimension since it is associated and impacts on the individual's health. In the structural dimension, it also has a protective function to what consists of an essential policy for the health and quality of life of the elderly.

Experiences lived during the Community Therapy Wheels in a virtual environment

In order to enable the continuity of the ICT circles during the pandemic caused by SARS-covid-19, which culminated in the imposition of social distance, there was a need to adapt the meetings to the virtual environment, in order to meet the needs of the participants promoting an environment of welcome, support and integration.

The time has come to speak

Canta canta, minha gente
Deixa a tristeza prá lá
Canta forte, canta alto
Que a vida vai melhorar
(Martinho da Vila)

The song above dialogues with the sentence by Barreto (2008, our translation) which says that “when the mouth is silent the organs speak and when the mouth speaks the organs heal”. Speech is one of the forms of expression at ICT, but not the only one, participants can express themselves through music, poetry, proverbs, popular sayings and jokes. In this sense, one of the pillars of ICT is cultural anthropology or our cultural roots.

Topics covered in weekly meetings

According to Barreto (2015) the community has the problem, it also has the solution. What was evident during the virtual meetings.

It is of utmost importance to value and respect every participant in an ICT circle, if the opposite were true, we would be excluding and not welcoming the individual. We would bring a social determinant to the circle to validate our self-exclusion. Therefore, the participation of each one is truly relevant, because from his speech occurs the intrinsic transformation of the individual.

Each participant is co-responsible for the affective quality of the circles, because the act of transforming makes the person develop the skill and listen, starting from the act of remaining silent. Thus, people can speak and listen to each other, exercising a different form of hierarchy, horizontality and focusing on the systemic approach and circularity.

Below, we highlight some of the themes addressed at the meetings.

Saudades (The felling of missing someone)

One of the participants reported that she missed her grandchildren, which was the theme chosen by the group. When sharing the overruns, a man told his strategy to kill the longing he was feeling for his grandson and mother who is over 90 years old; he reported that he would buy a raincoat, glove and cap to meet his grandson and mother. Be careful not to contaminate the mother and prevent the risk of being contaminated by the grandson.

Pandemic

Of the themes addressed at the meetings, 71.4% are related to the pandemic due to the covid-19. The concerns, uncertainties and insecurities, reported by the elderly and related to the fear of family members working in the health field, being infected, ignorance of the virus, with the future after the pandemic, homesickness, loss of loved ones not victims of 19; missing the grandchildren. Barreto *et al.* (2020) addressed Integrative Community Therapy in times of the new Coronavirus in a recent article, in which the topics raised were similar to those presented here. Among the 100 online circles made, the 3 most frequent topics were: fear and anxiety; impotence; and difficulty in managing family relationships in this new global context.

According to the booklet Mental Health and Psychosocial Care in the pandemic COVID-19, launched by Fiocruz, Brazilians can suffer psychological and social impacts at

various levels of intensity and severity arising from this whole context in which the world finds itself (FIOCRUZ, 2020). Fear, stress, anxiety, along with longings and the impossibility of social interactions are major factors that mark the period for which we find ourselves. These, among other feelings, can be further intensified in the condition of social isolation.

Another situation to be overcome is the change in the family routine that generates the need for flexibility and adaptation, there was also talk about the difficulty of dealing with the limitation in their autonomy and learning to receive help from family members who shop and other activities external. The concern with giving someone work is a condition that haunts the elderly, a circumstance that reflects the fear of the lack of autonomy, and the resignification of the elderly person in society (PERSEGUINO; HORTA, 2018).

Other topics

The other topics are related to conflicts in family relationships, loss due to death not due to the Corona virus and sadness for not being able to participate in the June festivities.

Resignification of problems

Below are some strategies that contributed to solving or reducing the stress, fear and anguish presented by the participants, among which the use of computer and internet technologies stands out.

The reports range from participation in lives of different themes, dance groups, yoga, meditation, volunteer work, to access to social networks to keep hope alive, interact with friends and family to overcome homesickness and distance. Groups were created on whatsapp and facebook to interact.

Participation in dance groups that promoted contact with new talents in times of crisis.

Despite the social distance, the internet promoted religious and spiritual help, psychiatric and psychological treatments, and participated in meetings of community therapy circles.

In this sense, distancing and social isolation is evident as an ambiguous process (protective and destructive). The measures adopted represent primarily a protective factor, essentially, for the elderly population, who are in the risk group, since it is a strategic and essential recommendation for contagion control. On the other hand, we have these protective measures as a destructive process, having them as a potential causative agent of psychosocial

problems, which directly and mainly affect the elderly, considering that this population generally demands greater care, be it affective/emotional, or physical support, given their limitations.

Closing: Process Evaluation: What am I taking from this circle?

It is the moment to highlight the individual efforts in the search to deal with the daily challenges that, in many cases are already occurring, but that anguish is an obstacle to see, it is also important to recognize and the group's ability to welcome the other with the your suffering.

The people who participated in the community therapy circles came out differently and despite the fragility of feelings, they were more confident, stronger and many of them more certain than they were of the possibilities to change for the better in their lives, more confident of themselves and in what they believe.

During the aggregation ritual, considered the last stage of ICT, participants are encouraged to verbalize what they are taking from this experience. Words that were cited: gratitude (12), courage (6); hope and solidarity (5), joy, endurance, acceptance, faith and sharing (3), wisdom, friendship, patience, compassion (2); reflection, appreciation, dedication, nurturing, strength, fidelity, sharing, warmth, love, knowledge, resilience, overcoming, trust, encouragement, companionship, good times (3), positive thinking (2), listened to and strength, appreciation of time, visit memories, know that you are not alone, attention and solicitude, a little of each one, group value, appreciation of time, being useful, together we are strong, we are one, giving and receiving, more experience, patience with paintbrush to paint, think positively, pleasure in receiving, being loved, lessons in fidelity, solicitude of the group, being together in times of pandemic, gratitude for the testimonies, group support, personal empowerment, new learning, more experience.

In this perspective, the health-disease process is the result of the contrast between the protective processes and the destructive processes regarding the singular, particular and structural dimensions. The sociodemographic analysis allows us to highlight which are the protective and destructive processes of the public in this study and, in addition, the analysis of the findings during the rounds allows us to show potent protective processes that strengthen this health process as an acquired right and that is collectively strengthened.

Strengthening social networks: Creating a group on whatsapp

In this time of planning, execution and organization of the wheels it was important that the team was always alert to new strategies that contributed to resolving or reducing the stress, fear and anguish presented by the participants, among which the creation of a group on whatsapp stands out, created specifically for the purpose of keeping the group warmth and to continue a new meeting, the impact of which was positive with active participation, for perhaps being a friendly tool, in an environment of respect and full interaction that is more accessible to the elderly. We believe that this potential of this tool could be better explored.

New challenges: Being a community therapist in a pandemic time with the elderly

The data presented strengthen the goals to be achieved in health care for the elderly, as proposed by the National Health Policy for the Elderly (PNSPI), which brings functional capacity as a new health paradigm, focusing on independence and autonomy, for as long as possible.

The diverse feelings and emotions experienced by this population suggest the investment in a much more punctual and articulated work with Primary Health Care (PHC) in the first level of care and the NCI to work with these demands. So, our question is how are the formative institutions working on these issues during formation? How is this content being worked on in the various curricular grades where the target population is precisely the elderly? And how have these contents been addressed, including during the formation of the future community therapist? And above all, what is the feeling of the future therapist in relation to this target audience in their daily lives and, fundamentally, today in a time of pandemic? What was visible today?

Another important point to highlight is the impact experienced by the elderly as a result of government restrictions that were reported in the virtual circles carried out, which reinforces the need to implement more effective instruments that instruct the elderly in the language of new technology, enabling better communication social interaction and quality of life.

Through the online therapy circles, carried out during the quarantine period in São Paulo, it was evident the deficiency of government projects for the insertion of the elderly in the technological era and lack of assistance for new trends, being a matter of confrontations in public attention.

This experience represents perhaps one of the most profound and significant experiences in the professional daily life experienced by therapists, as it allowed an almost natural approach

precisely in a time of pandemic, when this target population needed to be enclosed in the name of their safety.

It represented an opportunity to hear in the experience reports, some reflections of the aging scenario in the face of limitations, deep feelings; giving voice to this population awakens us to rethink our praxis, as new routine changes are also needed, which were more evident in this period of quarantine worldwide pandemic.

Therefore, establishing an articulation with other NCIs with this service proposal with light technology and fundamentally implementing community therapy circles in a virtual way, would enable us to offer a broad service giving full support to the physical, mental and social health needs.

Conclusion

The present study represented a space for new and profound reflections on the importance of the ICT formation course to address in more depth the phases of the life cycle with an emphasis on the elderly from a perspective of social determination, as it was evidenced is a group that it is growing in Brazil and there is a need for new technically and emotionally qualified professionals to work with this portion of the population.

Thus, it is also perceived the importance of implementing more government resources in support of public programs and policies according to the profile of production and social reproduction in the population, with activities that assist and encourage the social insertion of the elderly in the language of communication of new technologies, as well as such as low cost or free physical activities and preventive health measures, enabling the population to exercise their citizenship and preserve the protection of their rights.

Within this perspective, of social determination, it was evident to identify the large number of elderly people living alone, our sample demonstrated this reality, it is suggested to think about new strategies to deal with physical isolation measures.

This physical isolation that has also become social, on the one hand, represented a destructive process and it would be important to make it protective to facilitate this family approach, as this distance from living with others was forced by the situation, however there are personal limitations that make it impossible for these people to move to perform everyday tasks. It is suggested to equip the NCIs for this task, to effectively accompany the elderly in their basic needs and, especially, those who are unable to travel to the equipment and monitor these actions.

The development of collective activity on a virtual platform for the elderly public, in this case ICT evidenced a destructive process in the singular and particular dimension in Brazilian society, that is, the difficulty of people who have low purchasing power to benefit from this opportunity due to at least three factors; one of them the lack of skill with technology in the population over sixty years of age, the lack of a cell phone or computer to access the internet in their own homes, and last but not least, the lack of conditions to pay for a health plan. internet that allows access to digital platforms since the government does not provide this service.

The creation of a group on whatsapp was another welcoming strategy for new participants, constituting a space for the exchange of ideas, informal conversations and even providing greater access to this network for the benefited public, which led us consider the feasibility of developing ICT in this virtual environment and improve communication with the group, as we observed that this resource can be optimized.

It was also possible to verify in many cases that the internet is precarious, which makes it difficult for the elderly to participate with quality in the circle, interrupting the connection and it is also suggested to establish some partnerships with other public and private institutions and increase the dissemination of these healthy initiatives.

Finally, this beautiful musical poetry: “*Sei lá (A vida tem sempre razão)* by Tom Jobim” fulfills the function of saying in verse the rich experience that was for us, community therapists, the meetings with the elderly. This contact brought us even closer to our ancestors, this rescue was possible because we learned together, the wisdom of the elders that nurtured everyone, participants and community therapists in a natural fluidity and allowed this moment to be of great collective learning.

REFERENCES

BARRETO, A. P. **Terapia comunitária: passo a passo**. 4. ed. rev. ampl. Fortaleza, CE: Gráfica LCR, 2008.

BARRETO, A. P. **Terapia comunitaria integrativa paso a paso**. Quito, Ecuador: Digital Center, 2015.

BARRETO A. P. *et al.* Integrative community therapy in the time of the new coronavirus pandemic in Brazil and Latin America. **World Soc. Psychiatry**, v. 2, n. 2, p. 103-105, 2020.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. **Política Nacional de Práticas Integrativas e Complementares no SUS – PNPIC-SUS**. Brasília: Ministério da Saúde, 92 p., 2006.

EGRY, E. Y. **Saúde coletiva**: construindo um novo método para a enfermagem. São Paulo: Ícone, 1996.

FIGUERÊDO, D. S. T. O. **Fatores individuais e contextuais associados à incapacidade em idosos brasileiros**. 2019. 146 f. Tese (Doutorado em Enfermagem) – Universidade Federal de Minas Gerais, Belo Horizonte, 2019.

FIOCRUZ. Fundação Oswaldo Cruz. **Saúde Mental e Atenção Psicossocial**. Recomendações Gerais. 8 p., 2020. Available: <https://www.fiocruzbrasil.fiocruz.br/wp-content/uploads/2020/04/Sa%3%bade-Mental-e-Aten%3%a7%3%a3o-Psicossocial-na-Pandemia-Covid-19-recomenda%3%a7%3%b5es-gerais.pdf>. Access: 27 July 2020.

HORTA, A. L. M.; DASPETT, C. (Orgs.). **Desafios no trabalho com famílias**: da teoria à prática. Curitiba: CRV, 2018.

IBGE. Instituto Brasileiro de Estatística e Geografia. **Pesquisa Nacional de Saúde (PNS)**. Rio de Janeiro, 2013. Available: <https://censo2020.ibge.gov.br/2012-agencia-de-noticias/noticias/24036-idosos-indicam-caminhos-para-uma-melhor-idade.html>. Access 27 July 2020.

IBGE. Instituto Brasileiro de Estatística e Geografia. **Projeção da população brasileira**. Rio de Janeiro, 25 jul. 2018a.

IBGE. Instituto Brasileiro de Estatística e Geografia. Número de idosos cresce 18% em 5 anos e ultrapassa 30 milhões em 2017. **Agência IBGE Notícias**, Rio de Janeiro, 26 abr. 2018b. Available: <https://agenciadenoticias.ibge.gov.br/agencia-noticias/2012-agencia-de-noticias/noticias/20980-numero-de-idosos-cresce-18-em-5-anos-e-ultrapassa-30-milhoes-em-2017>. Access: 15 July 2020.

IBGE. Instituto Brasileiro de Estatística e Geografia. **Pesquisa Nacional por Amostra de Domicílios Contínua (PNAD Contínua) de 2019**: taxa de analfabetismo. Rio de Janeiro, 2019. Available: https://biblioteca.ibge.gov.br/visualizacao/livros/liv101736_informativo.pdf. Access: 15 July 2020.

MESQUITA J. S.; CAVALCANTE, M. R. L.; SIQUEIRA, C. A. Promoção da saúde e integralidade na atenção ao idoso: uma realidade brasileira. **Revista Kairós Gerontologia**, v. 19, n. 1, p. 227-38, 2016.

ONU. Organização das Nações Unidas. **Agenda 2030 para o Desenvolvimento Sustentável**. 2015. Available: <https://nacoesunidas.org/pos2015/agenda2030/>. Access: 6 July 2020.

OPS. Organización Panamericana de la Salud. **Plan of action on the health of older persons, including Active and healthy aging**: final report. 2019. Available: https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=49691-cd57-inf-9-e-poa-older-persons&category_slug=cd57-en&Itemid=270&lang=en. Access: 10 July 2020.

ROCHA, A. R. G.; GRABOSQUE, C. L. **Análise das condições de saúde autorreferidas e práticas de lazer em idosos assistidos na atenção primária.** 2019. 18 f. Monografia (Trabalho de Conclusão do Curso de Enfermagem) – Centro Universitário de Maringá, Maringá, PR, 2019.

SÃO PAULO. Secretaria Municipal da Saúde de São Paulo. Coordenação da Atenção Básica. Área Técnica de Saúde da Pessoa Idosa. **Documento norteador unidade de referência de do idoso.** São Paulo, 2016.

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