

CONCERNS AND COPING STRATEGIES REPORTED IN SESSIONS OF INTEGRATIVE COMMUNITY THERAPY BY WORKERS IN A SOCIO-EDUCATIONAL CENTER IN PARANÁ

INQUIETAÇÕES E ESTRATÉGIAS DE ENFRENTAMENTO RELATADAS NAS RODAS DE TERAPIA COMUNITÁRIA INTEGRATIVA POR TRABALHADORES DE UM CENTRO DE SOCIOEDUCAÇÃO DO PARANÁ

PREOCUPACIONES Y ESTRATEGIAS DE ENFRENTAMIENTO REPORTADAS EN LAS RUEDAS DE TERAPIA COMUNITARIA INTEGRADORA DE LOS TRABAJADORES EN UN CENTRO DE SOCIODUCACIÓN DEL PARANÁ

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ABSTRACT: Mental Health is an important Public Health issue when related to situations involving the exercise of work. The population of this study is formed by individuals working in a CENSE/PR, closed, prison environment, which requires a conduct of control, surveillance and adequacy to needs, favoring the development of suffering. The objective of the study was to identify the main worries and strategies of confrontation reported in the circles of ICT by the workers. The study was of the descriptive exploratory intervention type. The data were processed through thematic content analysis. Results of the main worries: work 84.6% (lack of recognition), stress 69.2% (anxiety and exhaustion); the main strategy of confrontation was personal strengthening and empowerment 92.3%. It is concluded that intervention with the ICT is effective in identifying suffering and coping strategies. It is highly recommended to generate information about the ICT for the care and relief of suffering of workers, collaborating with decision making in the public sphere.

KEYWORDS: Integrative community therapy. Socio-education. Workers' health. Health promotion.

RESUMO: Saúde Mental é uma importante questão de Saúde Pública quando relacionada a situações que envolvem o exercício do trabalho. A população deste estudo é formada de

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indivíduos trabalhadores de um CENSE/PR, ambiente fechado, prisional, que exige uma conduta de controle, vigilância e adequação frente às necessidades, favorecendo o desenvolvimento de sofrimentos. O objetivo do estudo foi identificar as principais inquietações e estratégias de enfrentamento relatadas nas rodas de TCI pelos trabalhadores. O estudo foi do tipo intervenção exploratório descritivo. Os dados foram submetidos a análise de conteúdo temática. Resultado das principais inquietações: trabalho 84,6% (falta de reconhecimento), estresse 69,2% (ansiedade e esgotamento); a principal estratégia de enfrentamento foi o fortalecimento e empoderamento pessoal 92,3%. Conclui-se que intervenção com a TCI é eficaz na identificação de sofrimentos e estratégias de enfrentamento. É altamente recomendável gerar informações sobre a TCI para o cuidado e alívio do sofrimento de trabalhadores, colaborando à tomada de decisão na esfera pública.

PALAVRAS-CHAVE: *Terapia comunitária integrativa. Socioeducação. Saúde do trabalhador. Promoção da saúde.*

RESUMEN: *La salud mental es un tema importante de salud pública cuando se trata de situaciones que involucran el ejercicio del trabajo. La población de este estudio está conformada por individuos que trabajan en un CENSE / PR, un ambiente carcelario cerrado, que requiere una conducción de control, vigilancia y adaptación a las necesidades, favoreciendo el desarrollo del sufrimiento. El objetivo del estudio fue identificar las principales preocupaciones y estrategias de afrontamiento reportadas en las ruedas TIC por los trabajadores. El estudio fue del tipo de intervención descriptiva exploratoria. Los datos se sometieron a análisis de contenido temático. Resultado de las principales preocupaciones: trabajo 84,6% (falta de reconocimiento), estrés 69,2% (ansiedad y agotamiento); la principal estrategia de afrontamiento fue el fortalecimiento y empoderamiento personal 92,3%. Se concluye que la intervención con TIC es eficaz en la identificación del sufrimiento y estrategias de afrontamiento. Es muy recomendable generar información sobre las TIC para el cuidado y alivio del sufrimiento de los trabajadores, contribuyendo a la toma de decisiones en el ámbito público.*

PALABRAS CLAVE: *Terapia comunitaria integradora. Socioeducación. Salud del Trabajador. Promoción de la Salud.*

Introduction

The scope of the mental health theme of the worker is, in itself, quite wide. Mental health is an important public health issue, when related to situations involving the exercise of work, a condition that is intrinsic to the life of an individual or group, as a social being.

In the context of human life, it is important to understand the exercise of work, as it represents one of the aspects that promote the individual's achievement, but which also confers a degree of responsibility in the face of situations of physical, mental and emotional stress (MINAYO *et al.*, 2010).

According to studies, 160 million working individuals worldwide are affected by work-related illnesses; for example, depression, prevalent in women, occupies a prominent place, being considered the fifth biggest public health problem in the world. In Brazil, common mental disorders (CMD) are the third largest cause of workers' disability pensions (ROMERO, 2016; GAVIN *et al.*, 2015).

The population of this study refers to individual workers who work in control and surveillance environments, in this case, the Socio-education Centers (CENSE). These spaces are characterized by being service units that have regional coverage, linked to the Secretary of State for Family and Social Development (SEDS), which carry out socio-educational measures, offer programs for internment and / or provisional internment for adolescents in conflict with the law of the State of Paraná in compliance with a judicial measure (BRASIL, 2020b).

In the state of Paraná, inpatient measures are met at the Secretariat of Justice, Labor and Human Rights (SEJU) through the Department of Social and Educational Assistance (DEASE), which manages 8 Semiliberty houses in the State, which serve children and adolescents who have measures of freedom restriction: transition to an open environment; and 19 CENSE that assist children and adolescents who have a measure of deprivation of liberty, hospitalization as a socio-educational measure. Each of these Centers must follow the parameters of socio-educational action, which are organized along the following strategic axes: institutional and pedagogical support; ethnic-racial, gender and sexual orientation diversity; culture, sport and leisure; health; school; professionalization/work/social security; family and community and security (BRASIL, 2020b).

CENSE has a team of professionals, who take on the challenging task of developing relevant activities in the process of biopsychosocial construction with adolescents (BRASIL, 2018c). Thus, socio-education and health are intertwined in the face of routine challenges, especially regarding social groups or stigmatized populations (MOREIRA, 2019).

Due to the routine working conditions of these individuals, towards the adolescents, which involve since the assistance in the accomplishment of pedagogical activities, maintenance of the physical and psychological integrity, security conducts, with the use of padlocks, iron gates; external activities linked to health; indoor activities such as leisure, sunbathing, etc.; these working individuals are often exposed to different situations of discomfort, threats and aggressions (GRECO *et al.*, 2013).

It is considered that carrying out work activities in institutional spaces, such as the CENSE, with characteristics of being closed prison, requires from these workers a conduct of control, surveillance, attention, safety and adequacy in the face of adverse needs. Under these

circumstances it is common for these professionals to experience states of tension, pressure and stigma, interfering in the affective and emotional aspects causing the development of anxiety, anguish, mental fatigue, depression, exhaustion, stress, psychological suffering, problems in family or social relationships, among others (BEZERRA *et al.*, 2016).

Integrative Community Therapy (ICT) is an intervention methodology. Created by Prof. Dr. Adalberto Barreto, in 1987, with the intention of solving the health needs of the community in the Pirambu neighborhood, Fortaleza - CE. It was born in a context of precariousness in relation to the conditions of human life and countless deficiencies, from infrastructure, security, employment, also in relation to the performance of public policies (BARRETO, 2008; REIS, 2017).

ICT is a community space where people have the opportunity to talk about their life history, feelings, emotions, pain and conflicts in a horizontal and circular way. It transcends sociodemographic aspects and is characterized for being a tool for building solidary bonds, where each one becomes a therapist of himself, sharing life experiences and wisdom, everyone becomes co-responsible in the search for overcoming and solving daily problems, which allows participants to experience the help of the group that offers support (BARRETO, 2010).

Considering the theme of Mental Health of individuals working in Socio-education, based on some premises such as: the level of common mental disorders among socio-educational agents (ROMERO *et al.*, 2016) and the scenario of Socio-education similar to that of the prison system, correlating the exercise of work, stress and illness (GRECO *et al.*, 2013), it is pertinent to investigate whether the ICT circles are tools capable of identifying concerns and coping strategies.

Thus, the objective of this study was to identify the main concerns and coping strategies, reported in the intervention with the ICT circles, by workers from a CENSE in Paraná, capable of generating information in care, health promotion and prevention or relief of suffering, of these workers.

Methodological path

The present study deals with the partial data that make up the umbrella project "Management and practices related to crises and suffering in mental health at CENSE and Semi Liberty houses of the State Secretariat of Justice, Citizenship and Human Rights of Paraná". Such an overall project involves a set of master's dissertations, including the dissertation that

originated this research. This is an exploratory descriptive research with a qualitative approach, which consists of intervention with the ICT circles, here called “interventions”.

A total of 13 interventions were carried out with the ICT circles, between October 2019 and February 2020, mainly on Thursdays and Fridays from 7 am to 8 am, at CENSE JMR, located in the Mercês neighborhood in Curitiba/PR.

Each intervention with ICT circle had a number of participants that ranged from a minimum of three to a maximum of eleven, these participants belonging to the study population, composed of professionals from the staff of this CENSE JMR, in a total of 45 individuals. This population included the positions/functions of socio-educational agents, technical, administrative, driver, PROEDUSE team/teachers and outsourced staff, without exclusion filters for age and length of service.

The access to the ICT circles, as an application of intervention and participation in the research, was done through invitations mediated by the CENSE JMR Board for the most part, and sometimes, with the presence of the researcher. In addition to the verbal invitation, a printed invitation was attached to the institution's clock, on a notice board and on the table in the workers' cafeteria. The inclusion criterion was defined in a convenience sample, and the exclusion criterion adopted was sick leave for health treatment.

All 13 interventions applied in this study were conducted by the researcher, who is an integrative community therapist, trained by a Formative Pole certified by the Brazilian Association of Community Therapy (ABRATECOM). Each of the interventions was recorded and transcribed to generate the data analyzed in this study, and the names of the participants were changed to combinations of letters, in order to preserve the confidentiality of the research participants' identity, as determined by the legislation on Research with Human Beings in Brazil (Resolution No. 466 - CNE / MS, 2012). To carry out this study, the research was approved by the UFPR Research Ethics Committee according to the CAAE number: 02353018.3.0000.0102. All participants completed and signed the Free and Informed Consent Form - ICF.

Intervention: the ICT circles of this study

Each ICT circle was considered, in this study, an intervention, and has a specific methodology that, in practice, consists of a circular and horizontal conversation wheel, developed from 6 steps, described below.

Welcoming is the first stage of an ICT circle and consists of the movement of receiving people, explaining the methodology and presenting the rules that guide the practice: silence and

active listening, the rule of culture, not judging and not inferring advice and talking about yourself, always in the first person.

Choice of theme or concern, is the second stage of an ICT circle, as a time to share restlessness or suffering with the group: the person says his name and in a few words tries to name what he feels, presenting three to five briefs reports, depending on the group. At this stage, it is also possible to open a space of speech to the identification and justification of what resonated in your own life story; once this speech is made, the vote is taken for the story that most resonated in the group and, based on this procedure, the decision on the theme to be further investigated.

Contextualization is the third stage of an intervention through the ICT circle, and consists of the moment when the protagonist who brought the chosen theme can talk more about his experience, and at that moment all participants can ask questions to the protagonist, with the objective to expand the reflection and understanding of the suffering of the situation.

Sharing experiences/problematicization, where the therapist elaborates a question pertinent to the theme that emerged in the circle and launches in the group so that everyone, or those who feel connected, can answer, bringing their answers and tools, as overcoming strategies.

Thus, it is directed towards the **closing**, which is a moment where the therapist invites the community or group to receive the thanks that it will do to the members and the protagonist, emphasizing that all stories are important. It is at the end that the therapist invites everyone to express themselves, verbalizing what touched him most, or what he is taking as learning, from this ICT circle.

Finally, the **assessment of therapy** consists of assessing, according to a support script, the process of driving the ICT circle, which in this study was conducted only by the researcher, as a therapist.

It was the support script for assessing the conduct of the intervention, as systematized in the ICT methodology, which served as the basis for generating the information tabulated in this study (BARRETO, 2008; REIS, 2017).

Treatment of results

The data were collected through a semi-structured questionnaire about the sociodemographic variables, and through the ICT assessment instrument.

All data were spreadsheet, generating a database that was subjected to treatment and thematic content analysis.

Results

Sociodemographic characterization

A total of 37 workers were part of the research universe, with the gender distribution being 24 women (64.9%) and 13 men (35.1%); as for sexual orientation, 94.6% expressed heterosexuality as an option. All personal characteristics of self-reported identification were recorded and are described in Table 1, together with the participants' notes, in relation to the role exercised in the effective staff of CENSE JMR.

Table 1 – Distribution of sociodemographic data of the members who participated in the research (n=37)

Variables	N	%
Sex		
Female	24	64,9
Male	13	35,1
Sexual orientation		
Heterosexual	35	94,6
Homosexual	1	2,7
Others	1	2,7
Regarding skin color/ethnicity:		
White	27	73,0
Brown	9	24,3
Yellow	1	2,7
Marital status		
Single	9	24,3
Married	21	56,8
Split/Divorced	4	10,8
Consensual Union	3	8,1
Education		
Incomplete High School	1	2,7
Complete High School	2	5,4
Incomplete Graduation	2	5,4
Graduated	14	37,8
Post-Graduation	18	48,6
Family income		
Up to 5 minimum wages	14	37,8
From 6 to 10 minimum wages	17	45,9

Above 10 minimum wages	6	16,2
Practice of some physical activity		
No	10	27,0
Yes, sporadically	8	21,6
Yes, often	19	51,4
Self-reported health conditions: depression and/or anxiety	13	35,1
Use of medications		
No	19	51,4
Yes	18	48,6
Bond that you consider important in times of difficulty		
Family	34	91,9
Friends	16	43,2
Community	2	5,4
Work	2	5,4
Health Services	2	5,4
Function in CENSE		
Socio-educational Security Agents (ASSE)	22	59,5
Technical staff	5	13,5
Administrative	1	2,7
Proeduse Team/Teachers	8	21,6
Outsourced team	1	2,7
	n	years
Average age	34	44,0
Average time working at CENSE	23	10,8
Average time working at CENSE JMR	23	8,4

Source: Research data (2019-2020)

Characterization of the themes (concerns) and coping strategies reported in the intervention with the ICT

Table 2 shows, in order of frequency of percentage distribution, the universal themes mentioned in the 13 interventions with ICT circles, objects of this research. In that Table, the universal themes are highlighted in bold, and the expressions that permeated the participants' speech are underlined, each one attributed to universal themes.

Table 2 – Description of the universal themes mentioned in the ICT circles held at CENSE JMR, Paraná, 2020 (n=13)

Universal Themes	n	%
Work (<i>Disrespect, indiscipline, lack of recognition, unemployment, dissatisfaction, insecurity, physical/verbal and moral aggression, financial difficulties...</i>)	11	84,6
Stress (<i>anguish, fear, anxiety, insomnia, nervousness, hurt, anger, revenge, discouragement, despair, exhaustion...</i>)	9	69,2
Family conflict (<i>husband and wife, intimate relationships, separation, parents, children, siblings, grandparents, grandchildren, betrayal, jealousy...</i>)	2	15,4
Violence (<i>adolescents, child, police, sexual, assault, intrafamily against women/men, elderly, homicide, gangs, sexual exploitation, pedophilia...</i>)	1	7,7

Source: Research data (2019-2020)

The coping strategies reported during interventions with the ICT circles are presented according to the frequency of percentage distribution in Table 3.

Table 3– Description of coping strategies reported during the ICT circles held at CENSE JMR, Curitiba, 2020 (n=13)

Coping strategies	n	%
Personal strengthening/empowerment: ability to appropriate your power to act	12	92,3
Participate in community therapy	3	23,1
Self-care (search for resources in culture)	3	23,1
Seeking professional help and citizenship actions (public services)	2	15,4
Seeking religious or spiritual help	2	15,4
Search for solidarity networks (friends, neighbors, associations, self-help groups)	2	15,4
Taking care of the relationship with the family	2	15,4

Source: Research data (2019-2020)

Discussion

Based on the concept and methodological structure of the intervention tool used in the ICT, it was possible to extract from the ICT circles, using the support script, contents that made it possible to map the universal themes (concerns) that portray human suffering, as well as the coping strategies of the participants.

It is important to highlight that the target population of this study concerns workers from a Paraná CENSE, which, according to Table 1, has a high percentage of workers with graduate

degrees (48.6%), with the majority of workers occupying the function of socio-educational security agents (59.5%), with an average age of 44 years and an average time of work over ten years within the system of socio-education.

It appears that in Table 2, the universal themes reported with the greatest representativeness were two. First, the work, which appears with a frequency of 84.6%. The expressions that permeated the speech of the participants in relation to the theme were the lack of recognition and respect, as highlighted. This finding also makes it possible to correlate with Table 1 and presupposes consistency with the item that deals with the “bond that you consider important in times of difficulties”, in which work (5.4%) has a low support bond.

Second, comes stress (69.2%), with expressive manifestations of the participants' anxiety, anguish and exhaustion. It is worth noting that work environments such as socio-education with intense emotional and psychological demands are associated with greater health risks (GRECO *et al.*, 2013).

In Table 3, regarding the coping strategy, with 92.3% the personal strengthening/empowerment predominates: the ability to appropriate their power to act. This data also makes it possible to correlate with items in Table 1, considering that 51.4% practice physical activity frequently, and that the family was presented as an important support base in 91.9% of responses, followed by friends in 43.2%.

Given the above, it is observed that ICT is an important psychosocial intervention technology for the assessment, diagnosis, promotion and care of workers' health.

Considerations

This study achieved the proposed objective, noting that the intervention, with the ICT circles, is effective in identifying the concerns related to the workers' suffering, as well as in identifying the coping strategies used by the workers of a Paraná CENSE.

The findings indicate a worrying reality of suffering and stress in relation to the work of these professionals. Therefore, the need to seek care strategies for the context of workers within socio-education is evident.

Still, it is essential to generate information about ICT for the care, health promotion and prevention or relief of the suffering of workers and for decision making in the public sphere, as since 2008 it is inserted in the context of the Unified Health System (SUS), as an integrative and complementary practice of mental health care (ANDRADE, 2009).

Finally, it is recommended to enable the implementation and access to intervention practices with the ICT circles, since the methodology promotes expression, the exchange of experiences and knowledge, has an impact on the construction of autonomy and the strengthening of solidary bonds, generating individual and collective empowerment in the perspective of qualifying the exercise of living.

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