

## **INTEGRATIVE COMMUNITY THERAPY: A MOBILIZING PRACTICE OF SELF-CARE AND EMOTIONAL AND INTEGRAL EDUCATION FOR MEDICAL STUDENTS**

### ***TERAPIA COMUNITÁRIA INTEGRATIVA: UMA PRÁTICA MOBILIZADORA DE AUTOUIDADO E EDUCAÇÃO EMOCIONAL E INTEGRAL PARA ESTUDANTES DO CURSO DE MEDICINA***

### ***TERAPIA COMUNITARIA INTEGRADORA: UNA PRÁCTICA MOVILIZADORA DE AUTOUIDADO Y EDUCACIÓN EMOCIONAL E INTEGRAL PARA ESTUDIANTES DE MEDICINA***

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**ABSTRACT:** The medical professional, undergoes many adaptations during the course of formation and after it. These adaptations can interfere in the quality of life and, consequently, in the organization of work process. Perceiving emotions helps in the mobilization to create internal resources and seek self-care strategies. This study reports the experience of using an Integrative and Complementary Practice; the Integrative Community Therapy (ICT), created by the psychiatrist Adalberto Barreto, is an instrument of Complementary Intervention of the Ministry of Health, used as a collective therapeutic action, exercised by community therapists. This technique aims to provide spaces for welcoming and sharing life, where it is possible to talk about the pains, problems and potentials of individuals and communities. This experience report presented a therapeutic intervention project, offered to students from the first to the sixth year of a medical course in the city of São Paulo. The conclusion of the proposal culminated in positive results in improving the quality of comprehensive, mental and emotional health of this public.

**KEYWORDS:** Medicine. Integrative community therapy. Integrative and complementary practices. Humanized care.

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**RESUMO:** O profissional da medicina, vive muitas adaptações durante o percurso de sua formação e após ela. Essas adaptações podem interferir na qualidade de vida e consequentemente na organização de seu processo de trabalho. Perceber as emoções, ajuda na mobilização para criar recursos internos e buscar estratégias de autocuidado. Este estudo, relata a experiência da utilização de uma Prática Integrativa e Complementar; a Terapia Comunitária Integrativa (TCI), criada pelo médico psiquiatra Adalberto Barreto, trata-se de um instrumento de Intervenção Complementar do Ministério da Saúde, utilizada como uma ação coletiva terapêutica, exercida por terapeutas comunitários. Esta técnica tem como objetivo, proporcionar espaços de acolhimento e partilha da vida, onde é possível falar das dores, dos problemas e das potencialidades dos indivíduos e das comunidades. Esse relato de experiência, apresentou um projeto de intervenção terapêutica ofertada para estudantes do primeiro ao sexto ano de um curso de medicina do município de São Paulo. A conclusão da proposta, culminou em resultados positivos no alcance da melhoria da qualidade de saúde integral, mental e emocional deste público.

**PALAVRAS-CHAVE:** Medicina. Terapia comunitária integrativa. Práticas integrativas e complementares. Cuidado humanizado.

***RESUMEN:** El profesional médico, sufre muchas adaptaciones durante el transcurso de su formación y después de ella. Estas adaptaciones pueden interferir en la calidad de vida y, en consecuencia, en la organización de su proceso de trabajo. Percibir emociones, ayuda en la movilización para crear recursos internos y buscar estrategias de autocuidado. Este estudio reporta la experiencia de utilizar una Práctica Integrativa y Complementaria; la Terapia Comunitaria Integrativa (TIC), creada por el psiquiatra Adalberto Barreto, y es un instrumento de Intervención Complementaria del Ministerio de Salud, utilizado como acción terapéutica colectiva, ejercida por terapeutas comunitarios. Esta técnica tiene como objetivo brindar espacios para acoger y compartir la vida, donde se pueda hablar de los dolores, problemas y potencialidades de los individuos y las comunidades. Este relato de experiencia presentó un proyecto de intervención terapéutica, ofrecido a estudiantes del primero al sexto año de un curso de medicina en la ciudad de São Paulo. La conclusión de la propuesta culminó en resultados positivos en la mejora de la calidad de la salud integral, mental y emocional de este público.*

***PALABRAS CLAVE:** Medicina. Terapia comunitaria integradora. Prácticas integradoras y complementarias. Atención humanizada.*

## Introduction

The medical profession, with its classic status, has crossed the history of humanity and science with many social and technological changes. The medical course is now one of the most popular in the country and requires a lot of dedication and commitment on the part of students. This commitment starts even before the insertion in the graduation, through extensive hours of study in pre-university entrance courses, among others.

For graduates of this course, despite the fulfillment of the initial dream of entering a university, there is at the same time a scenario full of expectations surrounding this moment, but it is also in this space that academics are faced with stressful factors that deal with processes of adaptation and important behavioral changes, factors that characterize the health of the medical student, since, with full health, students perform better their learning skills (FEODRIPPE *et al.*, 2013).

In this sense, educational institutions, through specific instruments such as the WHOQOL-bref<sup>5</sup> that measure and evaluate quality of life-QOL, have been developing important research on this topic in this population group. Research carried out at the College of Health Sciences of the Metropolitan University of Santos, inform that during the formation of medicine, economic/family dependence, associated with not practicing physical activity, restricted social adaptation, with a strong change load, when there is displacement between cities, it can interfere with school performance (PINCELLI, 2017).

The conditions mentioned above, associated with the academic adaptation of the academic, mainly to the exhaustive study routine, added to an inadequate diet, few periods of sleep and the effort to maintain the permanence in the course, are remarkable characteristics that lead this public to physical and emotional stress, affecting the quality of life of academics, exposing these individuals to conditions of vulnerability during medical school and after their formation (MEYER *et al.*, 2012).

### **Proposal of humanized reception to medical students: implementation and realization**

Upon realizing this scenario, the coordination of the medical course at the Anhembi Morumbi University in the city of São Paulo in 2016, requested the person responsible for the Collective Health discipline, a specific proposal of care for students graduating from the medical course, as a way of solidarity reception and welcome to new students.

The proposal had as its central axis to improve the quality of life of students, in addition to carrying out activities that could collaborate with their adaptation (mostly young people between 19 and 25 years old), since they are at the entrance of adult and academic life, the intention of this action was to launch strategies aimed at easing the stressful effects on these

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<sup>5</sup> The WHOQOL-bref, is an abbreviated version of the WHOQOL-100, developed and recommended by the World Health Organization (WHO) that values individual perception, being able to assess QOL in different groups and situations, regardless of educational level. The instrument has satisfactory psychometric properties and requires little application time. Through this instrument, it is possible to describe the subjective perception of an individual in relation to his physical and psychological health, social relationships and the environment in which he lives (ALMEIDA-BRASIL *et al.*, 2020).

students, with the objective of promoting a welcoming space, of building social bonds between students, teachers and people involved in the construction of a healthy emotional education, based on the concepts of humanization and complementary integrative practices in health, understanding the student as the first user of these policies, in addition to promoting solidarity networks and spaces to overcome the main issues that involve adapting the graduate's life in the academic world (BRASIL, 2008).

The method chosen to carry out this action was the Integrative Community Therapy (ICT), created and systematized by Adalberto de Paula Barreto, PhD, psychiatrist and anthropologist, professor at the Federal University of Ceará, who in 1987 created the ICT in response to needs of a given population, with a focus on systematic care for a large number of people with emotional problems and mental suffering, and also aligning the theoretical and practical academic issues of promoting mental health. One of ICT's main goals is to promote primary and collective mental health care, improving the quality of life of participants in the circle (BARRETO, 2020).

The method used in this proposal presented 3 stages; first stage, lecture on identity and self-care in medical education with professor Adalberto de Paula Barreto; second stage, conducting Integrative Community Therapy rounds for first-year medical graduates; third stage, realization of community therapy circles and techniques of integrative and complementary practices of the single health system for third and fourth year of medicine.

**Table 1** – Implementation steps of the proposal to welcome medical students

STAGE 1	Lecture on sensitivity and self-care in medical education.
STAGE 2	Realization of ICT circles for graduates of the first year of medicine.
STAGE 3	Realization of ICT circles associated with Integrative and Complementary Practices.

Source: Devised by the authors

It is noteworthy that a large part of this public is part of Generation Y<sup>6</sup>. In the first stage, students were given a lecture by Professor Adalberto Barreto who began his speech by telling his personal path and trajectory of studies, emphasizing the contradiction he encountered during his formation in medicine, between the cultural and the academic, and reported how the formation and self-knowledge process was integrated into his practice.

Two areas that seem to be dissociated, but are not, as we cannot discard our personal life stories, our cultural roots, to the detriment of scientific life and the profession. It is important

<sup>6</sup> Generation Y: people born between the late 1980s and mid-2000s. Available: <http://medimagem.com.br/noticias/quem-e-a-geracao-y,12683>. Access: 03 Sep. 2020.

to enhance them as a resource for oneself and for the other, thus refining our capacities of intra and interpersonal intelligences.

Professor Adalberto also talked about the need for the doctor to expand his knowledge about the reading of symptoms, since the human being expresses himself from various codes: linguistic, corporal and spiritual. He emphasized that the symptom has a communication value and was based on a comprehensive, complex and profound look at the symptoms that appear to be diagnosed, anchoring his speech in a systemic, social and anthropological view.

Some of his speeches Barreto (2019) demonstrate how he sees the role of the doctor:

[...] The limits of my practice, reside in the limits of my perception [...] The good doctor knows how to welcome with affection and simplicity [...] Just worry about diagnosing and understanding [...] As a doctor, I do what medicine can do, but if I have more resources I use it [...] We are reminders of memories [...] We need to establish a bond with the patient [...] (our translation).

In his explanation, he opened space for dialogue with the students, who participated with both personal testimonies and questions. The participation was positive, and several students wanted to talk to professor Adalberto Barreto at the end of the activity, giving him feedback on the reverberation of his speech and on the need and importance of thinking about the care of those who care for others. The activity enabled medical students to broaden their concept of clinical care, the relationship/bond between patient and doctor, the importance of self-knowledge and mental health and physical well-being of those who care.

The second stage was characterized by the realization of integrative community therapy circles, initially for 207 graduates in the first year of medicine in the discipline of medical practices during the stage of Primary Health Care in a territory where there is a Long Term Care Institution of the elderly - ILPI, managed by the Municipal Secretariat of Social Assistance of the city of São Paulo, which houses about 60 elderly people in a situation of high vulnerability and with a score of 3 in the degree of dependence on the Spanish red cross scale.

These young medical students, mostly characterized as generation y, accustomed to the excess of information, to everything ready and to the immediacy, because they were born together with the growth of telecommunications and popularization of computers, cable television, internet, new technologies and globalization they are plugged in and with fast mental speed, which leads to instant focus and flexibility.

However, the students' relationship with life within the Elderly Institution-ILPI through medical practices and integrative community therapy provided the meeting of the collective with the individual, the elderly with the young, the old primary feelings with new perceptions

of life, in addition to of great immersions in the complexities of the human condition and several possibilities of strengthening and transformation in the face of reality (PINCELLI, 2017).

The reaction of the graduates when arriving at the LTCF space, was always very interesting, as it was one of the first contacts with a highly weakened person, physically and/or mentally. In the first minutes the reaction was one of perplexity in the face of vulnerability and abandonment, in some moments a certain distance and fear in the face of the suffering situation, but over the first minutes this first impression was dissolving due to the welcoming environment provided by the space and the elderly residents themselves.

The activity was divided into two stages: checking vital signs of the elderly and carrying out integrative community therapy for students. After checking vital signs and visible involvement of students with the context, they were directed to another space (the local cafeteria), also open to employees of the place and residents of the house, for the second moment, integrative community therapy.

During an hour and a half of integrative community therapy, students brought up important questions in their current life context, whose main topics were; competition in academic life, loneliness in the city, lack of authenticity and lack of citizenship among people, sadness, anguish, fear, grief, pressure in relation to tests and academic life, time management, lack of humanization and sensitivity to human vulnerability. They also presented themes such as the abusive use of the cell phone preventing the enjoyment of relationships, lack of state of presence.

The circles always ended with experiences of overcoming, coming from the group itself, given the problems presented. And a strong feeling of solidarity, interaction and building bonds between the group of students. It is interesting to note that, along the circles, some elderly people started to attend the ICT environment as listeners and create other bonds with students.

The third and final stage of the proposal took place between the years 2016, 2017, 2018, 2019 and 2020 with about 300 students involved in the respective classes of the third and fourth year of medicine, in the classroom, in the disciplines of collective health and management in health services combined with cross-cutting themes that relate to the integrative and complementary practices of the Unified Health System.

At this moment, with students more adapted to the academic environment and aware of their emotional state, ICT's proposal presented itself as a mobilizing resource for staying in the course and, especially, in times of greater pressure with the realization of semester tests.

Students reported that before the introduction of community therapy techniques, taking care of the caregiver and naturology (meditation, massage, scalding feet, aromatherapy and



music therapy), they had physical symptoms related to panic, anxiety, stress, as well as respiratory distress, intense sweating, nausea and I even vomit during theoretical and practical tests. These symptoms after the application of the ICT associated with the integrative practices decreased intensely and or even disappeared during the semesters (TESSER; SOUSA; NASCIMENTO, 2018).

In the first semester of 2020, due to the covid-19 pandemic, and the change from face-to-face classes to remote classes, about 205 of students graduating from the medical course benefited from integrative community therapy circles online.

### **The encounter of Integrative Community Therapy with education; a mobilizing form of self-care**

From 2016 to the first half of 2020, approximately 712 medical students were assisted in Integrative Community Therapy circles. Integrative Community Therapy has important pillars, as it relates to the light and relational technologies of Emerson Elias Merry, rescues the concept of simplicity in language, in a very deep and welcoming dimension when dealing with the complexity of the principles of the National Humanization Policy (COELHO; JORGE, 2009).

It also meets with important international educational theories, such as Burrhus Frederic Skinner when it deals positively with the behavioral issue in stimulating response in learning, meets Jean William Fritz Piaget who studies cognitive structures and approaches important stages of community therapy when he mentions that the teacher does not teach, but arranges ways for the child to find out, that is, the teacher creates problem situations and resizes the role of the student.

It also comes close to Lev Vygotsky in reducing the distance between what is already known and what can be known, with some assistance method characterized as the zone of proximal development - ZPD, connecting with concepts of diversity, and finally rescues the traditional and collective wisdom through the educational theory, more Brazilian and complete, by Paulo Freire, who presents the decoding of the code, seeking social meaning and clarity of the world experienced from the problematization, which printed a more critical view of the world and of the ability to transform reality (VIOTTO *et al.*, 2009; FREIRE, 2019).

## Final considerations

Thus, linked to such complete educational concepts, the application of community therapy in an academic environment delineates an important space of support and relief from emotional stress experienced by medical students, in addition to preventing important mental illnesses such as agoraphobia, schizophrenia caused by inconstancy and fragility of social relations or the effect of the current pandemic situation (ALMEIDA, 2020).

In this innovative proposal, in which from the first semester to the last of the medical course, the student has contact with Integrative and Complementary Practices and with Integrative Community Therapy.

These actions act as promoters of citizenship, of solidary social networks, strengthening of people's cultural identity, in addition to providing a space of affection, of welcoming speech, of free expression of suffering, of situations of criticism such as expression of conflicts, doubts, possibilities of solutions, without risk of exclusion of the components, treating the valorization of the difference as a positive reference of each one, offering the opportunity of this social group, building an interaction network and recovering its integral quality of health, life and self-esteem, providing more stability and resilience to medical professionals.

Expanding access to higher medical education, showing the importance of looking at emotional and integral self-care, also rescues the value of beneficence in the figure of the physician during his career. Universities that promote these practices also assist in the ability of this professional to exercise the practice of unique health and comprehensive care with quality for its users. The conclusion of this experience brings the understanding that activities like these provide a more humanized look not only for people who seek medical help, but for medicine itself.

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