INTEGRATIVE COMMUNITY THERAPY: STUDENT EXPECTATIONS AND MOTIVATIONS REGARDING TRAINING

TERAPIA COMUNITÁRIA INTEGRATIVA: EXPECTATIVAS E MOTIVAÇÕES DE ESTUDANTES EM RELAÇÃO À FORMAÇÃO

TERAPIA COMUNITARIA INTEGRATIVA: EXPECTATIVAS Y MOTIVACIONES DEL ESTUDIANTE CON RESPECTO A LA FORMACIÓN

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ABSTRACT: Integrative Community Therapy (ICT) is a resource that promotes welcoming listening and personal and community empowerment. In ICT, training is provided for its application and care for students is promoted. This abstract is an excerpt from a research that addresses the formative path and exercise in ICT. Here, we present students' expectations and motivations regarding to training. One questionnaire was used for data collection, analyzed using the Discursive Textual Analysis technique. The results evidenced the search for a technique for collective intervention, aimed at professional improvement in the fields of health and education, with a focus on the mental health of groups and territories. We believe that ICT can contribute to the field of health and education and other contexts, as it contemplates the socio-historical, cultural and economic situation for the production of care. In addition, the practice encourages the exercise of citizenship, personal and collective empowerment.

KEYWORDS: Integrative community therapy. Health training. Comprehensiveness in health. Community health services. Health education.

RESUMO: Terapia Comunitária Integrativa (TCI) é um recurso que promove escuta acolhedora e empoderamento pessoal e comunitário. Na formação em TCI, o estudante é preparado para o exercício da prática. Visamos identificar as expectativas e motivações dos estudantes em relação à formação em TCI. Foi utilizado para coleta de dados um questionário composto por questões abertas. As respostas foram analisadas por meio da técnica Análise Textual Discursiva (ATD). Os resultados reportaram que os estudantes chegam à formação em TCI buscando uma técnica para intervenção coletiva, visando o aprimoramento profissional nos campos da saúde e educação, com enfoque na saúde mental de grupos e territórios vulneráveis. Consideramos que a TCI pode contribuir para o campo da saúde e educação e

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outros contextos, pois contempla a conjuntura sócio-histórica, cultural e econômica para a produção do cuidado. Além disso, a prática fomenta o exercício da cidadania, o empoderamento pessoal e coletivo.

PALAVRAS-CHAVE: *Terapia comunitária integrativa. Formação em saúde. Integralidade em saúde. Serviços de saúde comunitária. Promoção da saúde.*

RESUMEN: *La Terapia Comunitaria Integrativa (TCI) es un recurso que promueve la escucha acogedora y el empoderamiento personal y comunitario. En la formación en TCI se imparte preparación para su aplicación y se promueve la atención a los estudiantes. Este resumen es un extracto de una investigación de tesis que aborda el camino formativo y el ejercicio en las TCI. A continuación, presentamos las expectativas y motivaciones de los estudiantes en relación con la formación. Para la recolección de datos se utilizó un cuestionario, analizado mediante la técnica de Análisis Textual Discursivo. Los resultados reflejan la búsqueda de una técnica de intervención colectiva, orientada a la superación profesional en los campos de la salud y la educación, con foco en la salud mental de colectivos y territorios. Creemos que la TCI puede contribuir al campo de la salud y la educación y otros contextos, ya que contempla la situación socio-histórica, cultural y económica para la producción de cuidados. Además, la práctica fomenta el ejercicio de la ciudadanía, el empoderamiento personal y colectivo.*

PALABRAS CLAVE: *Terapia comunitaria integrativa. Formación sanitaria. Integralidad en salud. Servicios comunitarios de salud. Promoción de la salud.*

Introduction

Integrative Community Therapy (ICT) is a practice included in the National Policy of Integrative and Complementary Practices (PNPIC) of the Unified Health System (SUS) in Brazil. It is defined as a technology of personal and community care that provides the reception, listening and creation of social bonds to the participants, stimulating personal and community empowerment (BARRETO, 2010; BRAZIL, 2017).

The training in ICT has programmatic content consisting of five theoretical pillars (systemic thinking, communication theory, pedagogy of Paulo Freire, cultural anthropology and resilience) that are interspersed with exercises and therapeutic experiences (ABRATECOM, 2019; BARRETO, 2010). The interactions, which are meetings between trainers and students held throughout the course, aim at exchanging experiences and clarifying doubts for the improvement of the technique. At these moments, the repercussions related to the emotional dimension of the students are also worked on (GOMES, 2013). Guided by the socio-interactionist and humanist perspectives, the training in ICT emphasizes the interaction

of the subjects with the sociocultural environment and the development of their protagonism in the learning teaching process (SANTANA; ASSIS; ARAUJO-JORGE, 2021).

The interaction between the pairs converges to the construction of a network of meanings mediated by language, producing new meanings in the social environment where they are inserted. Thus, the ethics of care in ICT involves the relationship between trainers, students, community therapists and community. Through the sharing of personal, popular, cultural, community and scientific knowledge, a network is built that promotes bonding, welcoming and recognition, providing empathy, solidarity and personal and social transformation (TAVARES; ROCHA; CASTRO, 2018; VYGOTSKY, 2001).

In health work, over the years, light technologies (relational and intersubjective practices) that are able to rescue the dimension of health care, providing the reception, listening and autonomy of users in self-care have been little contemplated (AKERMAN; FEUERWERKER, 2009; MERHY *et al.*, 2019; SCHUBERT; GEDRAT, 2016). Our point of view comprises the use of ICT as a light technology, since it considers the importance of relationality in the encounter, in the intersubjectivity arising from the interactions between trainers and students and community and community therapists (BARROS; CEZAR, 2018; MERHY *et al.,* 2019).

It is important to highlight that the daily work in health is crossed by other aspects that strain the way of producing health and form the way health professionals act. Despite the advances in the debate on the training of professionals working in the SUS, fostered by the National Permanent Education Policy (PNEP) and the National Policy of Popular Education in Health (PNEP), through collective spaces for critical-reflexive discussions about professional knowledge and practices, there are still incipient approaches that contemplate interdisciplinarity and interprofessionality in the teaching plans of academic training in the health area (BITENCOURT *et al*., 2020; BRAZIL, 2007; OLIVEIRA, 2011).

Generally, the formations systematize in the learning teaching process the hegemonic biomedical model, which can cause the cooling in the problematizations and reflections derived from the daily work in health in the SUS; and the weakening of interprofessional and interdisciplinary actions and training spaces for SUS workers (BITENCOURT *et al.*, 2020; CARVALHO; CECCIM, 2009).

In addition, we understand that health work, within the scope of health promotion actions in the territories, permeates the living and health conditions of the population, being essential to contextualize them to the history of life and work, community relations, society and culture, because these factors influence the health-disease process of the subjects. The provision

of collective practices in health can be an important strategy in these contexts, as it enables the materiality of the principles of social participation, community empowerment and intersectionality recommended by the National Health Promotion Policy (PNPS) (BRASIL, 2018; PETTRES; DA ROS, 2018).

The present study is the clipping of a master's research that proposes an analysis of the formative course and professional practice in ICT. Studies related to these themes are rare. Therefore, in another manuscript in which we present an overview of scientific production in ICT, we emphasize the need to deepen research in the field of training, due to the expansion of practice in the field of PNPIC.

The training in ICT consists of the workload of 240 hours/class, being 50 hours/class of theoretical modules, 50 hours/ class of therapeutic experiences, 80 hours/ class of meetings and 60 hours of practical internship, referring to the execution of 30 wheels of ICT. The ICT training centers accredited by ABRATECOM (Brazilian Association of Community Therapy) offer training and practice is exclusive to trained therapists (GOMES, 2013; ABRATECOM, 2019). The aim of the study is to identify the expectations and motivations of students in relation to the educational course in ICT.

Health care in the context of training in ICTs: perspectives from Freire and Habermas

The contributions of Freire and Habermas' studies to the field of social sciences, humanities and health reflect on the importance of dialogue in human relations. Mediated by language, it is the basis of the processes of autonomy, citizen emancipation and social engagement in the lives of subjects and communities (FREIRE, 2006; HABERMAS, 1989; VYGOTSKY, 2001).

The ICT, characterized as a light technology in the production of health care, is carried out as a dialogical and communicative resource. The practice focuses on and prioritizes dialogue in human interactions, establishing reciprocity and mutual respect among the subjects participating in the interaction. Moreover, it seeks consensus, agreements and agreements to prevail mutual understanding (FREIRE, 2006; HABERMAS, 2012; MERHY *et al.*, 2019)

It is configured in the scope of the ICT, from the formative path to professional practice, that the production of health care should be based on the idea of intersubjectivity, as it is constructed from the dialogical encounter between trainers, students, community therapists and groups/communities. Through language, shared experiences make sense and cooperation movements emerge between the actors involved (FLENIK, 2018).

Moreover, the dialogical and communicative perspectives expressed by Freire and Habermas are articulated with the notion of care understood as a relational and intersubjective experience, in which professionals must incorporate the knowledge derived from the experiences of users, which presupposes a constant movement of reformulation of care practices, since they are produced with the other, and based on the problematizations and reflections involved in the daily work in health (BARROS; CEZAR, 2018). Therefore, the association between the two theoretical references highlighted here helps in understanding the scenario related to the formation in ICT, especially in relation to the (re)construction and appropriation of practice as a sus technology.

Methodology

The study obtained approval from the Research Ethics Committee of the Oswaldo Cruz Institute (CEP/IOC-Fiocruz), under the registration CAAE no. 30803220.9.0000.5248 in September 2020. The research was adapted to the remote modality due to the lack of face-to-face contact and the protocol of social isolation recommended by the official authorities due to the coronavirus pandemic. The recruitment of the subjects was carried out through telephone contact with two trainers of the training course in ICT, taught by the institution Integrated Community Health Movement of Rio de Janeiro (MISC-RJ), from which they made available the students' e-mails, through prior authorization. The participants were enrolled in the training scheduled to start in 2020. However, due to the worsening pandemic, the start of training was postponed to May 2021.

A questionnaire was used, a resource composed of a set of questions that generate information that supports the answers to the objectives of a project (MELO; BIANCHI, 2015). The instrument was elaborated through the Google Forms tool and presented innovation and advantages to the search, due to its ability to reach the respondents, versatility, savings in spending and organization in the compilation of data (ANDRES *et al*., 2020).

The invitation to the research participants took place between December 2020 and February 2021, through an email with a brief introduction on the survey and the link to access the form. The initial page of the form contained the Live and Informed Consent Form (TCLE) for the acceptance or refusal to participate in the research and the questionnaire divided into open and closed questions about personal data, professional trajectory and expectations and motivations in relation to training in ICTs. Table 1, which characterizes the students' profile:

Table 1 - Profile of students participating in the survey

Student	Age	Gender	Education	Time of professional experience
E1	22	Female	Psychology	Graduated for 04 years
E2	62	Female	(not informed)	18 years as a municipal civil servant
E3	32	Female	Psychology	12 years old
E4	37	Male	Psychology	Newly formed
E5	48	Female	Psychology	Does not work in the profession
E6	58	Female	Medicine	35 years (medicine) 25 (teaching)
E7	41	Female	Physiotherapy	17 years old
E8	51	Female	Nursing	30 years old

Source: Prepared by the authors

In the second part, we used discursive textual analysis (ATD), which is a technique that passes through discourse analysis and content analysis, allowing a deeper investigation of information and new interpretations of the investigated data (MORAES; GALIAZZI, 2016). Through careful and careful reading of the form, we gather the information and later group it into three categories of analysis with emphasis on the expectations and motivations of the students in relation to the course. Table 2 presents the topics covered in the categories on which the results are based:

Table 2 - Topics addressed in the sample investigated

ID	Category	Aspects Addressed
The	Collective intervention	It covers reflections on the production of care within the SUS, aspects related to the production of care at the collective level and correlations with THE.
B	Professional performance contexts	It discusses the aspects related to the work context and its consequences for professional performance.
C	Meanings of health care	It relates the conceptions about health care and ICT.

Source: Prepared by the authors

Results and discussion

Collective Intervention

Expectations regarding the formation in ICT reverberated on their collective focus and group intervention. The interest aroused in the students turned to the efficiency of the technique for application at the local (groups of employees, users, students) and territorial (communities). The possibilities of group intervention were mainly associated with the care of mental suffering in the field of health and education. Care for primary health care users, with depression and anxiety conditions, and in education, students and teachers of undergraduate, graduate and community courses were highlighted in the health field.

In the field of teaching, the ICT was pointed out as a possibility of intervention modality in the training of undergraduate students in medicine and physiotherapy, becoming a teaching tool learning in the territories, transversal to the axes training, internship/internship, community and mental health. In addition, the practice was seen as an opportunity to improve for working in groups with mental health demands.

> it can add both in **the care to users and users of the services** in which we operate (family clinics and others), as well as in **the training of** medical students and other categories of health who may also participate in the wheels offered in health units (E6, our griffin, our translation).

> [...] I **will be able to facilitate wheels in extension** projects with the community inside and outside the I. and in the family clinic where I supervise **the physiotherapy** internship (E7, our griffin, our translation).

> The demands for **care in the area of mental health in the** groups with which I work made me seek a **training capable of offering me more care tools** and the ICT seemed to me a good option (E8, our griffin, our translation).

It is worth mentioning that the health care of the population in the territories is crossed by the living and health conditions of the subjects who are determined by the relations of production and work and have repercussions on the health-disease process. This process is multifactorial and is configured from the socio-historical context of a given company, at a specific moment (PETTRES; DA ROS, 2018).

However, the training of the health professional focuses on a process of teaching pragmatic, contentious and fragmented learning in areas of knowledge. The professor focuses on a prescriptive protocol when supervising the students, little emphasizes the importance of sharing knowledge and the production of knowledge generated by the experience lived, in the apprehension of the reality captured by them (CARVALHO; CECCIM, 2009). Moreover, interprofessional practices and continuing education within the SUS are still little addressed in the teaching plans of the training of health professionals (BITENCOURT *et al.*, 2020).

The hegemonic biomedical model centralizes care in the specialist, fragmenting the bodies and delegating each part to a professional who undergoes protocol and prescriptive care, responding mechanically under the yoke of his structured knowledge. It occurs that this process tends to automatism, when the professional does not critically reflect on the action itself, compromising the quality of care offered (BITENCOURT *et al.*, 2020; CARVALHO; CECCIM, 2009).

In this sense, the formation in ICT is opposed to this model, because it adopts a holistic, interdisciplinary and cross-cultural perspective on care, proposing an expanded view on the

health disease process when reflecting on the indissociability between subjects and the interactional environment, since this interrelationship significantly affects the disease (BARRETO, 2017). The practice reports on family dynamics, social relations, the community context and cultural, political and economic dimensions, bringing a critical-reflexive reading about how these aspects interact and have repercussions on the promotion of health care (BARRETO, 2017; FREIRE, 2006; VYGOTSKY, 2001).

Historically, the training of health professionals has been consolidated in the model of individual and hospital-centered care, which understands "health" as the absence of disease (CARVALHO; CECCIM, 2009), decontextualizing the family and community dynamics of the sociocultural, economic and political context in which the subject is inserted. In this sense, we conceive the perspectives of continuing education and the expanded clinic as well appropriate for our discussion, since we consider care a collective construction that involves the elaboration and reformulation of care practices (BARROS; CEZAR, 2018).

These perspectives focus on interprofessional, interdisciplinary and intersectoral work for the promotion and prevention of the health of subjects and collectivity. They encourage the autonomy, participation and co-responsibility of users and the community in the implementation of health actions. Among professionals, these perspectives also foster the creation of spaces for dialogue for the exchange of knowledge and development of more effective local strategies (AZANKI *et al.*, 2020; FREIRE, 1967).

In view of the intrinsic implications for the world of work in the SUS, we emphasize that the aspects addressed by Permanent Health Education (PHE) and the expanded clinic contribute to our reflections on interventions in the collective sphere, as they stimulate the critical-reflexive actions that culminate in the reinvention of care, in a new look at the work process and new forms of organization and management of care (BARROS; CESAR, 2018; FREIRE, 2006).

Thus, the ICT consists of a practice that condenses such issues, from the formative path, with the approach of reciprocity and exchange of knowledge between trainers and students, focusing on dialogue for the elaboration of activities and exercises worked on the course, to the achievement of the ICT wheels, where students will share knowledge, stimulating the exchange of experiences and empowerment resources in the community they work in (FREIRE, 1987).

For the ICT, the collective learning aroused in the meetings becomes the central point, since the knowledge of the specialist at that moment needs to be in "suspension" in case of the participants, recognizing the internal resources available to face and overcome daily adversities (BARRETO, 2010; BARROS; CESAR, 2018).

In a way, we understand that the ICT can initially operate a shift in the student's position, hitherto focused on individual demands and subjectively centered on issues of a personal nature, to a new position, which focuses on collectivize life experiences and stimulate emancipatory processes. From the recognition of one's life, resonated by the history of the other, the paradigm of the intersubjectivity of human interaction is established (FLENIK, 2018). This logic is an important strategy to instill social engagement movements in community contexts.

Professional performance contexts

The professional performance of ICT students focuses on health, highlighting academic training in psychology. The other professions were medicine, physiotherapy and nursing. We noticed that the search for the application of group-oriented technique was a trend of the students according to the material analyzed. We infer that this data may be related to the need to develop new skills and skills for field work, since the Cartesian vision that dichotomizes mind and body still influences the field of social and human sciences and health. Thus, the learning of care approaches not presented in the academic environment can contribute to the production of new knowledge acquired with experience in new activities (MATA; OLIVEIRA; BARROS, 2017).

Among the eight students who answered, six performed their professional activities and two declared to be away from the profession, despite performing work of a community nature. Regarding professional insertion, participants E6, E7, E8 have professional trajectories in teaching in undergraduate courses in higher education institutions (medicine, physiotherapy and nursing). They reported on the experiences in a private practice and in the care and management of primary care services. Participants with a degree in psychology work in the organizational area, in human resources (E4); in the management of social and environmental projects in a non-governmental organization (E3); in the training of agents in communities to support the actions of government agency (E5) and; as a student of the undergraduate course in psychology (E1). Participant E2 works in the municipal civil service and did not inform his/her academic background.

Adding the ICT to the work activity was a motivation addressed by the subjects as a resource for the development of new skills and competencies, due to the absence of the approach of group techniques in the undergraduate teaching plan, or the need for a modality of monitoring to users with mental suffering caused by vulnerable situations in the territories; in

addition, the community empowerment strategy and the listening space in organizational environments were mentioned.

> because one of the things I **miss most in my higher education is techniques and ways to work with groups** [...]. ICT would provide me with techniques to work with groups and, thus, more people would have care (E1, our griffin, our translation).
>
> I missed a tool that provided a **follow-up especially of people who came with varying degrees of suffering**, **caused by the difficulties of life**, relationships, the cultural socioeconomic context and a lot of violence in which we are immersed (E6, our griffin, our translation).
>
> he wanted to learn a tool to work mental health that was applicable to rural contexts, taking into account specificities such as little practice in the elaboration of emotions **and strengthening the collectivity** (E3, our griffin, our translation).
>
> Many people are suffering in their work environments, so I would like **to help by creating listening spaces** (E4, our griffin, our translation).

Reflecting on the performance of future community therapists, we refer to the expanded view of the health-disease process, with regard to the socio-historical, cultural and economic condition of the subjects and communities inserted in a social reality. The intertwining of these issues is a conditioning aspect of the situation of illness (ALMEIDA-FILHO, 2010). The production of health care is reformulated from this context, and communicative health actions are needed that promote community co-participation in the implementation of health strategies and actions (HABERMAS, 2012; MERHY *et al.*, 2019).

Due to the primacy of dialogue, we understand that awareness can emerge in this process, a concept discussed by Freire (2006), through the process of action-reflection-action that reflects in the transformation of the lived social reality, as it increasingly stimulates critical reflection on oneself and the world. The repositioning of the subjects, whether community therapists or SUS users, takes space and allows a new understanding of their existential condition.

Likewise, Habermas proposes that communicative actions be fostered in the world of life instance so that critical reflection on the systemic world provides emancipatory and democratic processes. The space of communicative actions designated as the public sphere promotes debates between social actors and the governmental sphere, in order to mediate interests so that the best argument prevails, that is, the collective will (CARDOZO *et al.*, 2019; PERLATTO, 2012).

In our debate, the ICT represents the possibility of personal and social transformation and can unsee the issues pointed out, generating possibilities of enunciation and affirmation of life through a dialogical communication that promotes the awareness and encouragement of the masses regarding the challenges encountered in the search for understanding the condition of existence in the world.

Senses of caring

The participants recorded their perceptions regarding ICT: a practice that enables listening and speech through the sharing of experiences and resources; the formation of Community bonds; mobilization of the potential of subjects, families and communities; personal and community strengthening; promoting resilience. The training was seen as a possibility of responding to the demands related to the care of emotional and mental health issues.

Health care consists of the diversity of knowledge and practices that guide professionals in the care of the health needs of subjects and collectivity according to their singularities, in a given context (AKERMAN; ROCHA, 2018). As a dimension that involves human relations, it is based on dialogue through consensual communication for the production of care, with the purpose of forming bonds for the commitment and co-participation of users and professionals in the production of care (OLIVEIRA, 2011).

We report to the clinic of psychosocial care and mental health, which is based on care mediated by light technologies, by the encounter between professionals and users demarcated by relationality and novelty. As care practices are not given *a priori*, they are built dialogically in the midst of negotiations, negotiations, co-participation and commitment (AMARANTE, 2007; MERHY *et al.*, 2019). The great challenge is the promotion of autonomy and participation in self-care so that they become protagonists of their stories. Popular education transversal to the actions of health professionals promotes the participation of subjects in the care plan and in the elaboration and implementation of collective projects for the promotion and improvement of the health conditions of the population (BARROS; CEZAR, 2018; OLIVEIRA, 2011).

This is the case in ICT training, which encompasses the socio-interactionist and humanist perspectives in the learning teaching process (FREIRE, 2006; SANTANA; ASSIS; ARAUJO-JORGE, 2021; VYGOTSKY, 2001), and contributes significantly to the qualification of care in the scope of practice and in the daily work of health professionals. The

intersection of knowledge acquired by professional practice, life histories and experiences and experiences acquired in the formative pathway adds value to the field of knowledge and practices of health care, as they reflect the materiality of the dimension of health care within the Scope of the SUS.

Final considerations

We believe that ICT can contribute to the exercise of health professionals, as it presents essential elements to the debate in the field of health promotion in the territories. The possibility of speaking and listening to the other provides the exercise of citizenship, positions the subject as enunciator of one's own life and of the world. The promotion of collective actions that produce this effect is increasingly challenging, in the face of constant attacks on democracy, social movements and the whole order of attempts to gather efforts for the benefit of a collective.

However, we consider the idea of integrating, aggregating and disseminating knowledge from the popular layers, social movements, community initiatives, so present in the territories, that they teach us in their own way other "knowledge" and "doing" in health. Thus, a new form of relationship is established, strengthened and potentially generating health.

Ultimately, we emphasize that this thought can contribute to a closer relationship between academia and society in the vision for the construction of a new paradigm of health care in the formative processes and in the exercise of work activities. We emphasize the need to strengthen actions aimed at training in ICTs and that they are aligned with the expectations and demands of professionals who seek to improve themselves in practice.

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