







# The routines of women with fibromyalgia and an interdisciplinary challenge to promote self-care



*O cotidiano de mulheres com fibromialgia e o desafio interdisciplinar de empoderamento para o autocuidado*

*El cotidiano de mujeres con fibromialgia y el desafío interdisciplinar de empoderamiento para el autocuidado*

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## ABSTRACT

**Objective:** To describe the daily lives of women living with fibromyalgia through the implementation of an interdisciplinary group intervention and verify its benefits to the participants' health.

**Method:** This descriptive, exploratory, qualitative study was conducted with 12 women who participated in an interdisciplinary health education group at the State University of Rio de Janeiro. Data were collected in 2016 through semi-structured interviews, which were organized and analyzed according to Bardin's content analysis. This study was approved by the Institutional Review Board (CAAE 16413013013100005259), in accordance with the legal and ethical guidelines established by Resolution 466/2012.

**Results:** Two categories emerged from the analytical corpus, namely: Expression of everyday life and Repercussions of the interdisciplinary group.

**Conclusion:** The actions implemented by the interdisciplinary group resulted in numerous physical, psychological and social benefits for the women.

**Keywords:** Fibromyalgia. Nursing. Health education. Psychotherapy, group. Woman.

## RESUMO

**Objetivos:** Descrever o cotidiano das mulheres que vivem com fibromialgia durante a intervenção do grupo interdisciplinar e analisar seus benefícios à saúde das mulheres após a intervenção. **Método:** Trata-se de um estudo descritivo exploratório, de abordagem qualitativa, desenvolvido com 12 mulheres participantes do grupo interdisciplinar de educação em saúde, em uma Universidade Estadual do Rio de Janeiro. Os dados foram coletados em 2016 por meio de entrevista semiestruturada e, em seguida, organizados e submetidos à análise de conteúdo segundo Bardin. O presente estudo foi aprovado pelo comitê de ética recebendo o número do CAAE 16413013013100005259, em consonância aos aspectos éticos legais da resolução 466/2012.

**Resultados:** Do *corpus* analítico, emergiram duas categorias intituladas: A expressão do cotidiano e Repercussões do grupo interdisciplinar.

**Conclusão:** As ações do grupo interdisciplinar proporcionaram inúmeros benefícios tanto físicos, quanto psicológicos e sociais para cada mulher.

**Palavras-chave:** Fibromialgia. Enfermagem. Educação em saúde. Psicoterapia de grupo. Mulher.

## RESUMEN

**Objetivos:** Describir el cotidiano de las mujeres que viven con fibromialgia durante la intervención del grupo interdisciplinario y analizar sus beneficios a la salud de las mujeres después de la intervención.

**Método:** Se trata de un estudio descriptivo exploratorio, de abordaje cualitativo, desarrollado con 12 mujeres participantes del grupo interdisciplinario de educación en salud, en una Universidad Estadual del Río de Janeiro. Los datos fueron recolectados en 2016 por medio de entrevistas semiestructuradas y luego organizados y sometidos al análisis de contenido según Bardin. El presente estudio fue aprobado en el comité de ética recibiendo la numeración del CAAE 16413013013100005259, en consonancia a los aspectos éticos legales de la resolución 466/2012.

**Resultados:** Del *corpus* analítico, emergieron dos categorías tituladas: La expresión del cotidiano y Repercusiones del grupo interdisciplinario.

**Conclusión:** Las acciones del grupo interdisciplinario proporcionaron innumerables beneficios tanto físicos, como psicológicos y sociales para cada mujer.

**Palabras clave:** Fibromialgia. Enfermería. Educación en salud. Psicoterapia de grupo. Mujer.

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## ■ INTRODUCTION

Chronic diseases result in individuals dealing with undesirable experiences in their daily lives. Some people depend on medications that have side effects that render them dysfunctional, with little resilience to face continuously stressful situations, which encourages anxiety and depression disorders, among others. Such conditions may harm people's leisure activities, and their social, work, and family relationships.

This is the situation people who live with fibromyalgia (FM) experience. The main symptoms of FM include diffuse and chronic musculoskeletal pain, characterized by tender points. In addition to pain, there is also fatigue, sleep disorders, morning stiffness, paresthesia in the extremities, subjective sensation of edema, and cognitive disorders<sup>(1)</sup>.

International epidemiological indicators concerning the prevalence of fibromyalgia syndrome vary according to the studies' designs, methods, and populations, though in general it ranges between 0.7% and 5% in the general population<sup>(2)</sup>. The prevalence of FM reported by a Brazilian study was 2.5% in the general population. Though it may affect children, adolescents and elderly individuals, most individuals with this condition are women, with an 8:1 ratio; 40.8% of these are aged between 35 and 44 years old. The rates of FM in some European countries reach up to 10.5% of the adult population. This condition is commonly seen in clinical practice and is one of the main reasons for consultations regarding the musculoskeletal system<sup>(3)</sup>.

This syndrome is usually associated with other comorbidities that add to suffering and worsen quality of life. Among the most frequent comorbidities are chronic fatigue, myofascial pain and irritable bowel syndrome, and non-specific urethritis<sup>(4)</sup>. These symptoms vary among individuals with fibromyalgia, negatively impacting their lives, and preventing them from enjoying wellbeing and a healthy life.

The international literature reveals a context that is different from the Brazilian context. Studies focus on the individual treatment of myofascial and body pain implemented weekly or monthly. After activities, workers monitoring individuals with FM use validated self-reported measures to verify pain, fatigue, and self-efficacy. In this case, all patients, except one, reported small improvements in pain and physical symptoms, whether after only one week of treatment or three months after starting the treatment, consequently experiencing improved self-efficacy. Similar results were found for fatigue, as well<sup>(5-6)</sup>.

The procedure in primary health care is to refer patients with fibromyalgia to experts, which reveals a difficulty in

verifying how accurate assessments are and also does not immediately result in the prescription and beginning of treatment. Additionally, as there are no clear treatment schemes to follow, patients end up visiting various types of specialties, going through exhaustive investigations, and receiving prescriptions for different drugs to treat different symptoms. This process not only delays the diagnosis, but also contributes to physical impairment and, consequently, requires more resources from the health field<sup>(7)</sup>.

One study analyzed the community therapy model to empower individuals living with fibromyalgia and examined an interdisciplinary intervention on the health-disease-care continuum. The group participated in a three-month intervention focused on health education and implemented two times a week by an interdisciplinary team. These meetings included debates, discussions, and reflections upon the emerging topics. The results were positive, as the participants shared their problems, exchanged experiences, and gradually became more confident<sup>(8)</sup>.

The meetings of the mutual-help group and the contact established with people living with FM together enable acquiring knowledge about the participants, which revealed they had little knowledge of the health-disease-self-care continuum. For this reason, they had difficulties dealing with situations accruing from chronic conditions and daily situations that triggered pain crises, as well as the protective factors that could benefit them.

People edit their memories and studying the routines of these people and their inherent subjectivities might support actions directed to their contexts; the routines of these individuals reveals and brings to light surprises, stories, routines, and unusual situations. Over the course of this process, these situations reverberate and speech is no longer important; rather the intentions motivating such revelations are what matter<sup>(9)</sup>. Thus, feelings, hitherto hidden, give way to the language of affections, gestural and bodily expression, which through reception and welcoming and by acknowledging their suffering, enable the participants to resignify and reinvent themselves at each new meeting.

Therefore, this study is expected to identify the routines of women with fibromyalgia, their contexts, expectations, choices, and difficulties, feelings that arise in daily life, their interests and learning needs, as well as their potentialities, to give them the best guidance possible.

Note that women with fibromyalgia have a psychological profile that reveals a very high level of demand, as they are generally perfectionists and present obsessive-compulsive disorder, so there is high overload as they take on an excess of work. Coupled with that, they have to deal with a double journey; that is, in addition to their job outside

home, they take care of their homes and families, so that the daily life of a woman living with fibromyalgia is even heavier. Chronic pain is frequently part of the fibromyalgia condition and pain is diffused around the body and is invisible, not causing physical deformations or sequelae, though it often requires a large amount of drugs that are not really effective. These women often require long periods of medical leave. Because a diagnosis is usually not established early on, these women are discredited by their families and employers, resulting in symbolic violence. They often suffer in silence, facing discrimination, prejudice, and exclusion, aggravating their physical and social vulnerability.

In this sense, the importance of empowering people to self-care is related to the term's pedagogical meaning, to health education actions, so that women acquire knowledge and skills to recognize potential triggers that lead to pain, so they learn how to deal with the disease's adversities, interpreting their bodies' signs when experiencing a pain crisis, and try to protect themselves. Thus, with their individual strength, they develop the ability to act and review their habits and ways of life, acquire self-knowledge, self-confidence, and self-control to maintain and strengthen their health with total autonomy.

Given the preceding discussion, the following guiding questions emerged: How do women with fibromyalgia express their routines after they discover the disease? What were the benefits of the group intervention on the health of these people?

This study includes the following objectives: To describe the routines of women living with fibromyalgia during the interdisciplinary intervention and analyze the benefits to the health of these women after the intervention.

## ■ METHOD

This qualitative study with a participatory approach is part of a larger study titled *O cuidado em saúde e enfermagem: práticas de promoção de saúde e de prevenção de agravos no município do Rio de Janeiro* [Health care and nursing: practices to promote health and prevent diseases in Rio de Janeiro], which includes undergraduate and graduate students from the State University of Rio de Janeiro.

This study is a methodological study inserted into a strategy that involves the production of knowledge, the main objective of which is to transform the social context and improve the quality of life of those involved<sup>(10)</sup>.

The objective of a participatory approach is to combine knowledge with action and achieve change, improve health results, and decrease or eliminate health inequalities. It is about a change in the research paradigm because

it allows the co-creation of scientific knowledge, which can favor the establishment of health policies that better meet the needs of communities and groups of people<sup>(11)</sup>.

It is also about giving voice to and acknowledging the credibility of those involved, implementing interventions intended to improve the health conditions and wellbeing of groups and communities, allowing people to express their needs<sup>(11)</sup>.

The study was conducted between March and December 2016, in the State University of Rio de Janeiro. Ethical guidelines were taken into account and the Institutional Review Board approved the study (CAEE 16413013100005259) in accordance with resolutions 466/2012 and 510/2016, Brazilian Council of Health, which regulates research involving human subjects and establishes standards applicable to research in the Human and Social Sciences field.

The group was initially composed of 15 participants, who were selected according to the following inclusion criteria: people diagnosed with fibromyalgia; participating in the interdisciplinary group; regardless of sex, ethnicity or religion; having a validated registration; having diagnosis confirmed; having undergone an ergonomic test; and a physical activity release form. Those who agreed to participate – called the Participant Group – signed free and informed consent forms. People with fibromyalgia-associated ischemic heart disease were excluded because the service does not have the physical structure or medical supervision to provide care in an emergency situation. Of the 15 individuals selected, three potential male participants withdrew from the health education group because they could not reconcile their working hours with the group activities, so a total of 12 female participants remained.

The participants went through three stages of health education. The first stage, called **adaptation**, refers to health education activities that took place once a week and were administered by an interdisciplinary group, along with exercises twice a week, and nutritional orientation provided twice a month. The second stage, **transition**, refers to group therapy conducted with the support of psychologists once a week, including exercises twice a week, and nutritional orientation provided twice a month. In the last three months, the individuals took part in the third and final stage, called **living together**, which was a phase in which the participants took part in a group therapy program under the coordination of the psychology department. The meetings were held once a week, while exercises were twice a week and nutritional orientation was provided twice a month. The last two stages were conducted with the support of the psychology department. Each

stage lasted three months and all the stages included two weekly exercise sessions (aerobic, resistance and flexibility).

Data were collected through group dynamics, observation and interviews. Twenty meetings were held with the PG from February to June 2016 and lasted 60 minutes each.

Interviews held after the intervention were audio-recorded and transcribed verbatim. To ensure the confidentiality of the participants' identities, the interviews' excerpts were identified with the letter P (participant) followed by the number in which interviews were held: i.e., P1, P2, P3, etc.

Content analysis was employed to organize, identify and categorize data<sup>(12)</sup> according to the following steps: pre-analysis; exploration and organization of material; treatment of results; inference of analysis with coding, decomposition, enumeration, and interpretation. The following categories emerged: *The expression of daily life* and *Repercussions of the interdisciplinary group*

## ■ RESULTS AND DISCUSSION

### Participants' characteristics

The 12 women who took part in this study were aged between 33 and 73 years old, and most were between 40 and 50 years of age. In regard to their ethnicity, six self-reported being Caucasian, two of mixed race, and four reported being Afro-descendant and, in terms of marital status, 11 were married and one was single. Eight women lived in the metropolitan region of Rio de Janeiro, while four lived in Duque de Caxias and Nova Iguaçu in Baixada Fluminense, a region of the state of Rio de Janeiro, Brazil. In regard to education, five participants had completed primary school, four completed high school and three had higher education. Four participants were retired, two were self-employed, two were freelancers, and four were homemakers. In terms of family income, two participants reported one times the minimum wage; three reported up to three times the minimum wage; one reported up to four times the minimum wage; two reported up to five times; and one participant did not want to report her family income. In terms of religious beliefs, five participants reported being Catholic, four were Protestant, two were Spiritist, and one was Jehovah's Witness.

### The expression of daily life

This category is related to aspects that concern human disease in which disorders were revealed. The participants' testimonials revealed their daily lives were surrounded by

crisis situations and they attempted to understand such situations according to their own contexts and realities.

The trend worldwide concerning health strategies and guidelines is to follow-up with and support people facing diseases and chronicity through health networks. One strategy is to establish a mutual-help group to promote interdisciplinary care and empower people by implementing a self-care educational process that promotes reflection, scientific knowledge, improvement of skills and competencies, attitudes, and self-knowledge, which are required for people to assume responsibility effectively for their health and make health-related decisions<sup>(13)</sup>. Therefore, one should take into account the contexts of people and the experiences and situations in which they live on a daily basis and to which they assign meanings that will reflect on their habits and tasks performed at home and at their jobs, as the following excerpts show:

*[...] it takes me a long time to get up in the morning; the pain impedes my walking and I get slower; still I fight to get better (P2).*

*[...] my days are difficult, with a lot of pain. Pain messes up so much with me that I just can't live well, I can't fully live life (P8).*

The routine described by these participants is permeated by chronic pain, causing them much suffering and imposing limitations that prevent them from performing simple routine tasks, leading them to face estrangement and social exclusion.

Chronic pain is not only a physical sensation but it has also a psychological component. It is a singular experience that depends on the perception of how one deals with disease, as it is influenced by psychological, social and biological aspects. Studies show that continuous pain leads to stress, which in turn influences pain; that is, it becomes a vicious cycle<sup>(14-15)</sup> as the following excerpts reveal:

*[...] I was giving up on doing almost anything; even taking a shower would bother me, because of the chronic pain (P3).*

*[...] it is a pain that bothers so much, your life is no longer normal, it imposes many limitations (P9).*

The experiences of these people is permeated by affliction as they are focused on pain. Thus, their tendency is to amplify their body's painful perception to the detriment of their emotional affections and stress. Studies report similar

situations in which people abandon healthy habits and self-care to fully dedicate themselves to pain, in addition to interrupting pleasant activities because of the pain. Another factor to be highlighted is that pain leads to low productivity at work and leads to expenditures on treatment, which in turn leads to financial problems and even more stress<sup>(14-15)</sup>.

As a consequence of experiencing this routine, people become afflicted and agitated, sad and discouraged, and seek to shed light on the journey of their existence in order to recover their autonomy and existential competence. For them to achieve such a goal they need therapeutic support coming from a mutual-help group. This support is not supposed to concern only the treatment of physical disorders or psychopathologies, but it should especially encourage them to find the healthy aspects of their lives.

The following excerpts reveal the magnitude of the problems that permeate the participants' lives:

*[...] After fibromyalgia, my routine became very complicated. The pain is horrible, I feel sick and tired, and very restricted. It's even difficult for people to believe. My family doubts my pain, considering the fact I take so many medications and nothing works (P10).*

*[...] after I found out about my fibromyalgia, my life became a nightmare. Having pain is really bad and nobody sees it, so they don't believe it. I wish I could do so many things but I just can't, you watch the days pass by without any improvement (P11).*

*[...] you never know for sure whether you'll be ok for the entire day because small things shake you up, everything scares me, like an after-hours telephone call. Everything leaves me in an immense anxiety level, which is a mechanism that triggers pain... and life goes on, one day after another, with the same pain! Every day this same anguish (P2).*

These reports are loaded with subjectivity. Their existences are permeated with deep rooted (dis)beliefs, which reveal limitations, lack of hope, sorrow, insecurity, fear, anxiety, and a perception that life is passing by while this condition has no end.

This whole process causes continuous wear, preoccupation, anxiety, and torment. Additionally, because these individuals do not feel understood, they silence and isolate themselves. Studies consider that this suffering is part of a pact of silence women assume: they silence and suppress the pain, containing it from those around<sup>(16)</sup>.

The trajectory of an individual experiencing chronic pain is closely linked to her own life history. Given the

multidimensionality of problems fibromyalgia triggers in the health of people, treatment and follow-up should focus on interdisciplinary care, including different perspectives and types of knowledge, so the entire set of symptoms causing suffering, such as low self-esteem, depression, and problems of different nature, that is, physical but also psychological and emotional problems, are taken into account.

Thus, the work promoted in a mutual-help group is necessary to identifying the health needs of those with fibromyalgia, as well as the relationships established with their families and at work. In this way, interventions can be proposed and encourage them to reflect on their ways of life, teaching them to use support mechanisms that can improve their lives.

There is discussion regarding the chronification of symptoms and characterization of fibromyalgia as a disease. It is classified both within musculoskeletal and somatization disorders. Fibromyalgia is considered a rheumatologic disease given the varied clinical conditions associated with it and the lack of a laboratory marker or imaging exams to diagnose it. Because of this, the diagnosis of fibromyalgia is based on clinical assessment and varies according to the experience of each physician<sup>(15)</sup>.

The reports of this study's participants show their suffering accrues from pain that grows in intensity, and also from a sense of impotency, a feeling they cannot free themselves from such oppression expressed in the form of bodily pain. In this sense, the chronic pain that has no apparent reason, is a result of somatization caused by psychological suffering<sup>(15)</sup>.

The most uncomfortable and common complaint the participants reported in their interviews was pain, which degrades human beings and influences their quality of life in physical, social and familial dimensions.

*[...] the pain is so unbearable that sometimes I go to bed with pain and when I wake up in the morning I feel like I haven't slept at all, it seems I walked to the point of becoming exhausted, my legs and feet hurt. My hands feel numb and my grip is not firm enough. This makes working impossible [...] (P4).*

*[...] poor sleep, troubles before going to sleep. It is not a restorative sleep and when it's morning, I'd say: "My goodness, I woke up, good" and all the craziness started again... an eternal repetition. My family does not believe it (P7).*

These people cannot have a good night of restorative sleep. When these testimonials are compared to the literature, various limitations become apparent, such as chronic



pain, tiredness, difficulty sleeping for at least six hours -- let alone for the ideal eight hours that is recommended in the literature<sup>(16)</sup>.

The literature shows people face different obstacles that cause insecurity over the various phases of life. It may break from many possibilities and lead to limitations, hindering realizations in life. The unpredictable, facticity and adversity may launch an individual into a world of uncertainty, where the only certainty there is, is the certainty of death. Thus, people need courage to be and live<sup>(16)</sup>.

One study reports that people experience situations of disease over the course of life, from which antagonism, intense feelings and anguish may arise, which if not understood, may cause estrangement<sup>(16)</sup>.

Because fibromyalgia is a little known and seldom disseminated condition, women face prejudice and unfavorable judgment, often being misunderstood by those in their social cycle.

Another complaint refers to a lack of understanding on the part of their families, friends, co-workers, and others because pain is overwhelming and impairs their work capacity. Feeling sick is very common and those who have many complaints and feel irritated in their daily lives experience significant weariness in their interpersonal relationships. Additionally, because of this condition, these women feel discouraged and lose the pleasure they previously enjoyed from doing certain activities, for instance, leisure. These findings were also reported by another study<sup>(16)</sup>.

The interviews revealed these women lacked familial support and had a need to keep describing the difficulties they faced. At other times, contradictorily however, these women, regardless of age, marital status, education, family income or occupation, showed a strong side of themselves to everyone.

## Repercussions of the interdisciplinary group

This category addresses the main benefits and contributions women received over the period the intervention was implemented. The aspects reported included a feeling of being embraced, of having experienced active listening, solidarity, interaction with other participants and the workers involved, and bonds based on trust, attention, protection, affection, sensibility, emotions, relaxation and support. The participants told their stories and their problems, and these experiences referred to their own past or their life contexts. Therefore, other participants felt at ease to discuss their problems and describe their experiences.

At the end of the adaptation phase of health education, the participants were asked about the activities implemented by the interdisciplinary group and they said:

*[...] the group made me reflect upon the many situations of my life, I've learned a lot. Exercising with my instructor helped a lot in regard to controlling and relieving pain, my muscles improved with exercises (P4).*

*[...] the exercises helped as a whole, strengthening my body, my muscles and in recovering my strength. My condition improved, I'm better able to deal with daily tasks and even with my family (P10).*

The participants benefited from exercises, as they relieved pain by improving physical conditioning, flexibility and strength. Exercise has an analgesic effect because it stimulates the release of endorphins, which work as an antidepressant and gives an overall feeling of wellbeing and self-control<sup>(17)</sup>.

The beneficial effects of exercises are reported by another study, which highlights it as a protective factor for health. Benefits are associated with a decline in chronic diseases and a decreased risk of early death caused by cardiovascular diseases. Even though exercises are an important resource in health promotion policies, the low level of physical exercise and physical inactivity are of concern worldwide<sup>(17)</sup>.

A well-dosed level of physical practice starts with mild exercises, gradually increasing in intensity. The exercises most appropriate to play a protective role in health, respecting one's body limitations, age, and objectives are the most effective ones and encourage adherence. Note that exercises practiced with friends encourage training, improve motivation, decrease stress, help people to overcome difficulties, and present the best results.

One's social context, health condition, time of life, and individual potential has to be understood, as well as the group's potential. The people's behaviors and desires should be taken into account when devising the most appropriate strategies to promote health and negotiate an attempt to overcome obstacles, setting aside ephemeral results that are often disseminated in social media.

All the women actively participated in the meetings. They identified themselves with each other and shared their experiences. The dialogue promoted by the workers and the workers' attitudes helped the participants to search for ways to cope with the barriers and difficulties faced when trying to achieve self-care goals.

The participants also mentioned psychological support, as follows:

*[...] more quality of life, I've started dedicating more time for me. Tuesdays and Thursdays are when I have psychological support (P8).*

*[...] my psychological situation was of a very depressive, lonely person. I'd cry for nothing. After I started with the group, it changed completely. I've learned to value myself (P12).*

The participants' reports reveal a behavior influenced by what they listened to and identified themselves with. The fact they were in the group positively influenced and favored modification of behavior. Old habits harmed their health and, with the change, they started seeing themselves through the testimonials of the healthiest participants.

Psychological support is essential to treating fibromyalgia because it enables these individuals to understand aspects such as their biological, social and cultural context that trigger their condition<sup>(18)</sup>. The conditions of these women improved over the course of the treatment, both in emotional and behavioral terms. Other testimonials confirm satisfaction achieved with the group activities:

*I improved a lot, the group did me immense good, I was depressive for being at home and not wanting to do anything. I get here and pain goes away, so I like coming here very much (P11).*

*Determination and willpower to change, to fight for my life, and improve my condition. I no longer want to get depressive. This project took me out of my house, the exercises give me more resistance, improve the pain. Slowly, it gives me the disposition to live (P2).*

*[...] my diet went back to normal, I've learned many things, now I've really changed, for the better (P3).*

The intervention implemented by the interdisciplinary team had the objective to sensitize these women in regard to their food choices using techniques to capture their interests based on technical-scientific knowledge. Being more aware and having autonomy to make better food choices, in addition to having more knowledge that concerned health and diet, were the focus of the educational practices promoted.

Depressive symptoms clearly improved as well as pain gradually reduced, while the women felt a renewed motivation to change, recovered strength and positive disposition. The participants also felt empowered and acquired greater knowledge of diet and self-care.

*[...] here I learned to take care of myself, to look at myself without self-pity. Now I know that to be balanced, all things have to work together: diet, exercise, glucose control, my*

*psychological situation has to be ok and learning how to control my anxiety (P7).*

Being able to maintain or recover emotional balance, improve physical conditioning and fatigue, and undergoing specific treatment for associated disorders are factors that determine improved health, as well as a positive attitude toward therapeutic approaches<sup>(15)</sup>.

Being able to resume their jobs was also highlighted:

*[...] the main benefit was being able to go back to work and gain confidence in myself [...] (P1).*

*[...] After the activities I experienced in the group, I can take better care of myself, my pain receded a lot and my life and health improved. Now I can work (P4).*

*[...] When I started participating in the group, I learned to take better care of myself, exercise and lift weights; I've gained quality of life. Slowly I recovered my self-esteem, pain improved, my leave from work was suspended and I went back to work (P11).*

The preceding testimonials do not make clear whether the painful process originated from labor or not. Authors affirm that the suffering accruing from the work process would be linked to the genesis of fibromyalgia. They note that intense productive action and control used to improve the quality of production contribute to the emergence of the disease, such as restricted periods of time required to perform tasks and increased work intensity. Others cases were identified due to stress and exaggerated increase in demands in terms of completing occupational tasks quickly and accurately<sup>(19)</sup>.

The teaching-learning process that took place in the group enabled the participants to acquire knowledge regarding the health-disease-self-care continuum, and understanding that an illness triggers stress and anxiety and, for this reason, one has to strengthen self-esteem and self-care, as these are basic elements in the maintenance of physical, cognitive and emotional health. These women resumed their professional activities more confidently.

In this sense, the mutual-help group proved to be not only a good strategy to promote health, but also an opportunity for women to share their experiences and to vent their frustrations<sup>(8-18)</sup>. They felt at ease to expose their problems and conflicts, that is, the health workers in the group were willing to help and provide the attention and understanding these women needed, but which would not be available in any other social context.

Likewise, the therapeutic group, a result of clinical practices that interrupt psychological and psychosocial processes that maintain the pain cycle, proved to be a strategy that expands the range of possibilities to be used in face-to-face sessions<sup>(20)</sup>.

After four months of activities, the interdisciplinary therapeutic group helped these women to recover their self-esteem, willpower and the confidence to go back to their professional occupations with a positive outlook. This means that the combination of health education, follow-up, and treatment enabled these women to manage their condition.

## ■ FINAL CONSIDERATIONS

A description of the daily lives of women living with fibromyalgia enabled an understanding that the experience of continuous pain leads to physical, emotional and psychological distress, permeating life with suffering, limitations, social exclusion and absence from work. The group intervention, however, benefited the health of these women by giving them a voice and allowing them to talk about their difficulties and life prospects, sharing their experiences with each other, and finally recovering their self-esteem.

Changes in their behaviors and habits was found after the interdisciplinary intervention, that is, the participants were able to restore their emotional balance, improve their physical conditioning, reduce fatigue, improve sleep, depression and associated disorders.

The actions implemented in the interdisciplinary group provided various physical, psychological, and social benefits to each participant. Additionally, the group favored an exchange of information with those suffering from the same condition. Careful delivery of care favored the establishment of bonds and identification, making the participants feel at ease, share their problems, empower themselves and take an active role by clarifying doubts, as well as enhance individual and group development. The interdisciplinary strategy enabled implementing solidarity networks of self-care, active listening, reflection, re-signification, leading to conscious and autonomous self-care, managing actions in the biopsychosocial and familial spheres.

The interdisciplinary group accomplished the challenge of empowering these women for self-care. Trust was gained during the activities and a partnership was established to achieve greater good. Women with different worldviews and varied educational levels were encouraged to share coexistence during meetings. The team was able to implement creative, welcoming, and humane health

education strategies, considering there is no effective public policy directed to women living with fibromyalgia and the Brazilian economic policy and universities are currently facing many adversities.

This study's limitations include: a difficulty in scheduling the interviews because the secretary retired and the fact that three male participants withdrew from the study due to a lack of compatibility in their hours. Other problems emerged during the course of the study, such as the absence of one participant justified by the worsening of her clinical condition.

This study's results contributed both to those with fibromyalgia and those on the interdisciplinary team, because they experienced and enabled the participants to reflect, to acquire self-knowledge, self-confidence, and gave them a renewed desire to keep on with their lives. Similarly, the results contributed to extension, teaching and research in what concerns interdisciplinary self-care, opening up new possibilities for group studies.

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