

## COMMUNITY INTEGRATIVE THERAPY: SITUATIONS OF EMOTIONAL SUFFERING AND PATIENTS' COPING STRATEGIES

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### ABSTRACT

Community Integrative Therapy (CIT) has emerged as a strategy to support the mental health of users of the public Unified Health System (SUS). This study had the objective to identify the principal problems presented by patients of group therapy, and to identify strategies that they use to cope with situations that cause emotional suffering. Secondary research carried out at the Municipal Secretary of Health, with information sources being organization forms with data from CIT. The results demonstrate that the most frequent problem [cause of suffering] is stress, the coping strategy most used is spirituality, and through the discourses of the participants it is possible to perceive the positive perception that they have of the meetings. CIT is a space where the relationships that are forged transmit emotional support, strengthen ties and diminish cases of social exclusion.

**Descriptors:** Mental health. Primary health care. Health-illness process.

### RESUMO

*A Terapia Comunitária Integrativa (TCI) surge como uma estratégia de apoio à saúde mental dos usuários do Sistema Único de Saúde. O estudo tem como objetivo identificar os principais problemas apresentados pelos usuários da terapia comunitária e identificar as estratégias que utilizam no enfrentamento das situações que provocam sofrimento emocional. Pesquisa do tipo documental realizada na Secretaria Municipal de Saúde, tendo como fontes de informações fichas de organização de dados da TCI. Os resultados demonstraram que o problema mais frequente é o estresse, que a estratégia de enfrentamento mais utilizada é a espiritualidade, e que através dos discursos dos participantes é possível perceber a opinião positiva que eles têm dos encontros. A TCI é um espaço onde as relações construídas transmitem apoio emocional, fortalecem vínculos e diminuem os casos de exclusão social.*

**Descritores:** Saúde mental. Atenção primária à saúde. Processo saúde-doença.

**Título:** Terapia comunitária integrativa: situações de sofrimento emocional e estratégias de enfrentamento apresentadas por usuários.

### RESUMEN

*La Terapia Comunitaria Integradora (TCI) se ha convertido en una estrategia de apoyo de salud mental a los usuarios del Sistema Nacional de Salud. El estudio tiene como objetivo identificar los principales problemas presentados por los usuarios de la atención comunitaria e identificar las estrategias que utilizan para afrontar las situaciones que causan estrés emocional. La investigación fue documental celebrada en el Municipal de Salud en el que las fuentes de información fichas para organizar los datos de la TCI. Los resultados mostraron que el problema más frecuente es el estrés, la estrategia de enfrentamiento más utilizada es la espiritualidad, y a través de los discursos de los participantes es posible percibir la connotación positiva que tienen las reuniones. La TCI es un espacio donde las relaciones construídas transmiten apoyo emocional, fortalecen los vínculos y reducen los casos de exclusión social.*

**Descriptores:** Salud mental. Atención Primaria de Salud. Proceso de salud-enfermedad.

**Título:** Terapia comunitaria integradora: situaciones de angustia emocional y estrategias de afrontamiento presentadas por los usuarios.

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## INTRODUCTION

The group-based care model, which focuses on family care, has been developed since 1994. The basic elements of this model are the social environment, modern life and promotion of health. In this way, the value of concepts such as patient embracement and humanization emerged, which pointed to the solution of problems through unconventional means such as dialogue, faith, support groups and other ways of promoting well-being, highlighting the family as an important instrument of care of its members. This places special attention on the health-illness process, creating ties of responsibility between the group participants, which contribute to strengthen the mental health of the population.

Community integrative therapy (CIT) has emerged as a strategy for social inclusion and support of the mental health of the population, and a space for patient embracement, for the sharing of suffering and life knowledge, which occurs in a circular and horizontal manner. It constitutes a space for listening, reflection and exchange of experiences, creating a web of social relationships between the participants, in the search for solutions to personal and family conflicts presented in the meeting<sup>(1)</sup>.

CIT is a method of care that has satisfactory results for beneficiaries, and is another tool that can be used by healthcare professionals to cope with everyday suffering. Through this therapy, healthcare professionals and people from the community can better understand the origin of their problems and develop strategies that direct actions for the promotion of health, as stated in the letter from Ottawa (1986), as well as improve the quality of life of the population.<sup>(2)</sup>

Considering the importance of CIT for mental health and lack of research on this topic, the following questions emerged: what are the most frequent causes of emotional suffering in CIT circles? What are the coping strategies most used by CIT patients?

Keeping in mind that knowledge of these problems empowers the conduct of health professionals involved in the CIT circles, the study has the following objectives: to identify the most frequent causes of emotional suffering in the CIT patients' reports, and to identify the coping strategies most used by CIT patients.

## METHODS

This descriptive secondary research was carried out in the Municipality of João Pessoa in Paraíba. The data source were CIT information forms, which contain descriptive reports of the therapies performed in 2008.

Data collection occurred in stages during the period from September 2008 to May 2009. The first stage was access to the CIT archives in the Municipal Secretary of Health, in the sector for Basic Health Care. After this consultation, the forms were grouped according to district classification (Health Care Districts: I, II, III, IV, and V) and ordered according to month the therapy was performed. At the end of this organization, 776 forms were catalogued with information about number of participants, age range, principal themes reported, coping strategies for causes of suffering and spontaneous statements of participants in the therapy about the CIT experience.

After reading each form, the problems encountered were initially compiled into categories, as proposed by the instrument that evaluates the impact of CIT.<sup>(1)</sup> The coping strategies for the causes of emotional suffering were then organized in a database with information described in the form of variables. The findings were analyzed discursively based on the relevant literature. Note that the principal problem situation adopted each form was that selected in the CIT circle as a central theme; that is, the theme that was presented by one of the patients and chosen for discussion by the group, and that all of the coping strategies cited were considered in this study. Of the results, only those that had greater emphasis were selected for discussion.

This research adhered to the norms and directives prescribed in Resolution N. 196/1996, which regulates research with human beings. The research was approved under protocol number 021/0607 by the Ethics Committee of the Center for Health Sciences at the Federal University of Paraíba.

## RESULTS AND DISCUSSION

Three categories emerged from this study: stress from various day-to-day situations that generate physical and mental exhaustion and dependency; family conflicts that cause suffering, in-

stability and family insecurity; and work, primarily related to unemployment or potential professional conflicts. The table below shows the quantities of the various categories:

### The pain that reveals everyday suffering

The principal themes presented were distributed in one of the instruments to evaluate the impact of the CIT.<sup>(1)</sup> Note that the themes presented in Table 1 originate from CIT participants' reports, the large majority of whom live in poor neighborhoods, and therefore reflect the reality experienced by the local population. The data shows us that the suffering most present in the population is stress. According to the creator of CIT, this category includes exhaustion, fear, anxiety, helplessness and demotivation, which can increasingly cause nervousness and insomnia, compromising the quality of life of individuals.

Mental illness is responsible for the majority of ills that afflict society, primarily those related to contemporary urban life. Scientific concern

with this question resides in its probable relationship with mental illness and emotional suffering, such as confusion, loss of sense of humor, anxiety, nervousness, depression, anger, frustration, worry, fear, irritability and impatience.<sup>(3)</sup> This cascade of problems is easily identified in the statements recorded on the forms:

*I feel anxious because I have bills to pay [...] (F1).*

*I feel panicky and want to cry for not raising my daughter [...] (F2).*

*I am sad because of my brother's absence [...] (F3).*

Today, the concept of stress is amply used, having become part of common understanding, and responsible for almost all of the negative adversities that torment in the day-to-day, principally as a result of modern life. Thus, it is not surprising that there has been a growth of therapies and programs focused on control of stress, with emphasis on increasing profits from stress,

**Table 1** – Distribution of the principal themes reported by patients during community integrative therapy. João Pessoa, 2009.

Themes from the CIT meetings	N	%
Stress	229	29.51
Family conflicts	110	14.17
Work	84	10.82
Health problems	80	10.3
Depression/loss	66	8.5
Violence	43	5.54
Alcoholism	40	5.15
Abandonment	25	3.22
Drug addiction	24	3.09
Loneliness	20	2.57
Unhappiness	19	2.44
Conflicts	12	1.54
Rejection	10	1.28
Discrimination	7	0.9
Mental deficiencies	5	0.64
Prostitution	2	0.25
<b>Total</b>	<b>776</b>	<b>100%</b>

Source: Empirical material from the study, 2009.

as observed in the pharmaceutical industry. This study suggests attribution of the term "stress" to common sense and its bio-psycho-social vision, which considers stressful stimuli resulting as much from external means (physical or social stimuli, such as work) as internal means (thoughts, emotions, fantasies and feelings, such as anguish, fear, happiness and sadness).<sup>(4)</sup>

Studies show that in Brazil, stress is the cause for seeking medical care in 70% of cases, and is considered a serious socioeconomic and public health problem. These studies highlight the bio-psycho-social influences that interfere in psychological well-being, and the relationships that permeate stress, with the proposal to better understand the process of mental illness.<sup>(5)</sup>

The everyday rush that causes stress is directly reflected in family relationships, generating conflicts in which the family members, pressured by the current social and economic systems, do not sit down at meals together anymore, do not ask each other about their days, and do not talk about their problems. The family member is losing its role as a retainer and transmitter of cultural values and norms, as well as social interaction of its members, to schools and mass media.

In contemporary society, the formation of large families with weak ties is attributed to the process of industrialization and urbanization, as the entry by men and women into the labor market along with increasing work hours has made the presence of other family members at home necessary, which implies a reduction of integration among them.<sup>(6)</sup> Hence, the loss of traditional family values such as respect, love and encouragement.

This fact is represented by the percentage of the second most-cited theme presented in the CIT meetings, with phrases such as:

*My daughter does not respect me [...](F4).*

*I found out that my husband is having an affair [...](F5).*

These conflicts may be directly related to the high level of mental suffering, as human beings need family support in order to feel socially complete. Today, the role of the family is still important, as the family is unique in socializing its members and stabilizing the balance of the adult personality<sup>(6)</sup>. In this way, people hold their families as a funda-

mental reference in life for experiencing happiness, support and promotion of personal balance. Yet the family is also associated with experiences of conflicts between its members, worries, loneliness and suffering.<sup>(7)</sup>

The family should be viewed as a whole that integrates larger contexts, such as the community into which it is inserted, and is therefore a system of interdependent members that have two attributes: community within the family, and interaction with other members.<sup>(8)</sup> It should be noted that in every family, tendencies toward health and illness coexist, and the differential will depend on how the family confronts crisis situations, and the level of affection and communication between its members. These will be the indicators of healthy or unhealthy relationships.<sup>(9)</sup>

While an instrument developed with the life history of participants, CIT has revealed problem situations that characterize the reality of the community involved, a flow of a systemic cascade of problems that may be the result of closer relationships, primarily those between family members.

### **With force and faith in life: coping strategies for pain**

In the CIT meetings, the problem situations selected sparked various coping strategies, recovered through the life experiences of each subject with their resilient essence. Of the total 776 meetings, 1,379 coping strategies were registered, all of which were considered and grouped by similarity of theme, as they were being mentioned. The primary strategies were: spirituality (faith/prayer), dialogue, family support, support from friends, forgiveness, showing will/determination (to have perseverance and courage in the face of difficulties), and others (included here are eight groups of coping strategies with lower numeric representation).

The data shows that the strategy most used was strengthening of spirituality. This theme deserves mention in the area of health, as today there is recognition by medicine that the health of individuals is determined by the interaction of physical, mental, social and spiritual factors. Spirituality can be defined as a system of beliefs that transmits vitality and meaning to life events; it can mobilize extremely positive energies and initiatives, with unlimited potential to improve the

**Table 2** – Coping strategies suggested by elderly participants in community integrative therapy meetings. João Pessoa, 2009.

Coping Strategies	N	%
Spirituality	390	28.28
Forgiveness	220	15.95
Dialogue	121	8.77
Family support	115	8.33
Determination	112	8.12
Support of friends	94	6.81
Others	327	23.66
<b>Total</b>	<b>1,379</b>	<b>100%</b>

Source: Empirical material from study, 2009.

quality of life of an individual. There is a relationship between spiritual involvement and various aspects of mental health, as people experience better mental health and adapt better to stress when they are religious.<sup>(10)</sup>

In the scenario of CIT, spirituality is frequently associated with religiosity and faith. It is well-known that religious people deal with life stresses with greater ease, recover more rapidly from depression, and show less anxiety and other negative emotions than people who are less religious. In this way, knowledge of the positive impact that spirituality promotes can be valued by professionals to better deal with the mental suffering of patients, since the majority of research done with healthy populations suggests that religious beliefs and practices are associated with greater well-being, better mental health and more successful coping with stressful situations.<sup>(11)</sup>

In this view, spirituality can proportion increased life meaning, which is associated with greater resilience and resistance to stress.<sup>(12)</sup> In this perspective, people that follow a religion and/or have considerable spirituality can practice forgiveness, one of the coping strategies most used by CIT participants, more easily. It is worth noting that forgiveness corresponds to the mental or spiritual process of releasing the shame of a fault, replacing resentment or anger toward another person with grace. Additionally, every act of forgiveness is founded on humility and requires trust. It is a process, and as such, occurs in stages with greater or lesser depth, beginning with the decision to not

seek revenge, breaking the mechanisms of violence and rejecting violence with weapons of hate.<sup>(13)</sup> Knowing how to forgive can reduce the process of emotional and physical suffering, avoiding the permanence of a stressful situation. Through forgiveness, one also practices the capacity to understand the attitudes of others and life experiences, in addition to developing feelings of acceptance, resignation and patience in the wait for solutions. In relationships, this generates a climate of peace and interior happiness.

Another coping strategy that was highlighted was dialogue, through which the experience and intuition of people is revealed and put together in a process of exchange of ideas. In contemporary life, an accumulation of experience of all peoples is needed to overcome the life-threatening problems created.

Based on this understanding, dialogue is a relationship of communication, which generates critique, since both partners can ask: why? Those who dialogue speak with someone and about something, making the subjects actors in the process of increasing conscientiousness.<sup>(14)</sup> This occurs because the dialogue occurs equally, in which all seek to think and act critically, which requires modesty and assumes patience, translating faith into the history of all human beings as builders of the world, and implies the hope that ways of making tomorrow better for all will be glimpsed.

As the theoretical pillar of CIT, the theory of communication calls attention to the fact that communication between people is the element that



brings together individuals, the family and society, and to understand the meanings of its transmission, it is necessary to consider the behavior of individuals, the relationship between those that are communicating and the language used, in which this becomes the culture, and the world is the instrument so that humans becomes humans.<sup>(1-14)</sup>

Group therapy became an important instrument for expression and alleviation of suffering, in a resilient perspective for everyone going through various experiences that weaken the family, as a result of factors responsible for the loss of family roles, breaking of affectionate ties, disrespect between family members that culminates in the absence of dialogue, dissolution of feeling, all of which result in betrayal by partners and even divorce.<sup>(15)</sup>

CIT circles make it possible for people to critically perceive their reality and needs, developing potential and seeking as a group the means to resolve their problems in a conscientious and effective manner.

### Learning with my history and the history of another

The actions of sharing experiences encourage autonomy of individuals, allowing them to be protagonists to overcome their difficulties, which characterizes the resilient capacity of each participant. Resilience is a dynamic process that results in positive adaptation in contexts of great adversity, independent of socioeconomic factors and intelligence, showing development, throughout the life cycle, of the ability of the individual to emerge from various situations transformed and strengthened, contributing to a better quality of life.<sup>(16)</sup>

Community resilience depends on aspects of culture and values that affect the process of positive adaptation of each society. It functions as a tool that helps individuals and groups benefit from life experiences, so that the difficulty can signify the challenge of mobilizing the population's capacity for solidarity, thereby calling for collective responsibility.

In light of these considerations, the records in the CIT information forms point out the contribution of this type of therapy as a tool that values the resilient power that exists in each participant, as group work strengthens individual and group

potential in a way that amplifies their view of resources available in their search for new strategies to cope with challenges. In the spontaneous statements of the participants, some phrases stand out that reveal their feelings in regard to the CIT experience:

*I found another family; I leave feeling much lighter[...]* (D1).

*I know that I am not alone* (D2).

*I am happy to have found a group of friends [...]* (D3).

*I feel good participating in this meeting* (D4).

*When I come here I feel my energies recharged[...]* (D5).

*I leave here with the sense that everything is going to work out [...]* (D6).

In the statements above, one can perceive the importance of the CIT to attain self-esteem and well-being, which characterize comfort, gratitude and the reduction of anxious suffering. Each meeting is unique: the problems repeatedly emerge yet the experiences are always innovative, so that there new knowledge is constructed in the face of lived experiences.

Therefore, the group space can facilitate the meeting of peers, in the way that by showing them to be equal, individualism is overcome. Thus, the group becomes the most adequate way of deepening knowledge, which is founded in human beings as conscious bodies, and in consciousness as consciousness intentioned toward the world. The transmission of knowledge cannot be the deposit of knowledge, but dialogue between human beings in their relationships with the world.<sup>(17)</sup>

The practice of CIT has shown that socialization and sharing of suffering has been a powerful vehicle to solidify resilience in the people involved in this group therapy.<sup>(18)</sup>

Understanding that personal experience and the sharing of suffering are sources of knowledge, reflections on the CIT meetings are necessary, since they function as springboards to the process of empowerment and resilience.<sup>(17)</sup> Thus, it is essential that these practices are increasingly adopted by Family Health Units, in a way that makes possible the active participation of the subject in his or her search for a better quality of life.

## CONCLUSION

With the opportunity to amplify reading during this study, it was understood that group-based mental health is growing in Brazil, and CIT is contributing to this as an instrument of care that assists in the prevention of mental illness and the promotion of mental and general health. Investments such as these are geared toward the entire population, and are showing satisfactory results, as shown by the statements above. This serves as encouragement so that the holistic vision made possible by CIT increasingly occupies more space in the attention to health, and expands the offer of more humanized services.

The research showed that the primary problems reported in the CIT circles in the municipality of João Pessoa in Paraíba are related to stress, family-related problems and work, which together compose 54.4% of the themes cited. Further, coping strategies used by the participants are dialogue, development of attitudes of forgiveness, and the strengthening of spirituality, which together total 44.2% of strategies.

The registration of statements show the effects of the meetings, and demonstrate the importance of CIT as a strategy to promote mental health, helping the work of the Family Health Teams by permitting the understanding of conflicts that exist in families, thus outlining behavior with greater power for resolution. One cannot deny that the CIT is a space where the relationships constructed transmit emotional support, strengthen ties, diminish cases of social exclusion, and encourage the individual and group capacity for resilience. It is a tool for low cost care, whose the positive results being attained by the group should be publicized in order to strengthen it as a strategy of care. Due to this importance, there are possibilities for research that point to the benefits of CGI for distinct groups: the elderly, women, adults and children.

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