

## Concerns, themes, and coping strategies in integrative community therapy circles: an experience report

Inquietações, temas e estratégias de enfrentamento nas rodas de terapia comunitária integrativa: relato de experiência

Preocupaciones, temas y estrategias de afrontamiento en las círculos de terapia comunitaria integrativa: relato de experiencia

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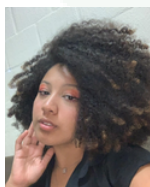
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### Abstract

**Objective:** To report the experience with Integrative Community Therapy circles, highlighting concerns, themes, and coping strategies identified by family caregivers and students. **Methods:** Report based on 13 therapy circles conducted between March 2023 and August 2024. Data were extracted from reports and analyzed by ranking the concerns, themes, and strategies mentioned. **Results:** Stress and work were the most frequently reported concerns. Chosen themes included insecurity, impotence, and fear of the future. Coping strategies involved rest, faith, participation in projects, family support, and writing. **Conclusion:** Experience shows that ICT promotes the recognition of knowledge and strengthens participants self-esteem, autonomy and coping skills.

**Key words:** Integrative Community Therapy; Coping Skills; Caregivers; Students; Nursing.

### Resumo

**Objetivo:** relatar a experiência com rodas de terapia comunitária integrativa, destacando inquietações, temas e estratégias de enfrentamento indicadas por cuidadores familiares e acadêmicos. **Métodos:** relato de 13 rodas realizadas entre março de 2023 e agosto de 2024. Os dados foram extraídos de relatórios e analisados por ranqueamento das inquietações, temas e estratégias relacionadas. **Resultados:** estresse e trabalho foram as inquietações mais frequentes. Os temas eleitos incluíram insegurança, impotência e medo do futuro. As estratégias de enfrentamento envolveram descanso, fé, participação em projetos, apoio familiar e escrita. **Considerações finais:** a experiência demonstra que a TCI promove o reconhecimento de saberes e fortalece autoestima, autonomia e capacidade de enfrentamento dos participantes.

**Palavras-chave:** Terapia Comunitária Integrativa; Habilidades de Enfrentamento; Cuidadores; Estudantes; Enfermagem.

### Resumen

**Objetivo:** Relatar la experiencia con círculos de terapia comunitaria integrativa, destacando las preocupaciones, los temas y las estrategias de afrontamiento señaladas por cuidadores familiares y académicos. **Métodos:** Relato de 13 círculos realizados entre marzo de 2023 y agosto de 2024. Los datos fueron extraídos de informes y analizados mediante el ranking de las preocupaciones, temas y estrategias mencionadas. **Resultados:** El estrés y el trabajo fueron las preocupaciones más frecuentes. Los temas elegidos incluyeron inseguridad, impotencia y miedo al futuro. Las estrategias de afrontamiento incluyeron descanso, fe, participación en proyectos, apoyo familiar y escritura. **Conclusión:** La experiencia demuestra que la TCI promueve el reconocimiento de saberes y fortalece la autoestima, la autonomía y la capacidad de afrontamiento de los participantes.

**Palabras claves:** Terapia Comunitaria Integrativa; Habilidades de Afrontamiento; Cuidadores; Estudiantes; Enfermería.

## BACKGROUND CONSIDERATIONS

Integrative Community Therapy (TCI) is a group therapeutic practice recognized by the Ministry of Health as an innovative psychosocial approach, focusing on mental health promotion and community strengthening. Grounded in the appreciation of popular knowledge, the creation of bonds, and the encouragement of supportive networks, TCI offers spaces for listening, welcoming, and sharing life experiences among participants. Since 2017, it became part of the National Policy on Integrative and Complementary Practices (PNPIC), being applied in various institutional and community contexts, such as health units, schools, social assistance services, and private organizations. Currently, TCI is present in 24 countries across South America, Europe, and Africa, demonstrating its cultural adaptability and its importance as a collective care strategy<sup>1</sup>.

A starting point from this milestone onward, Integrative Community Therapy has been described in the literature as an important light technology of care, which stands out for prioritizing qualified listening, welcoming, and the appreciation of individual and collective experiences. With a systemic and dialogical approach, TCI contributes to the resignification of everyday conflicts and suffering, respecting the integrity of the subjects and their social context. By recognizing multiple human dimensions, this practice strengthens emotional balance and drives the formation of supportive networks<sup>2-4</sup>.

In a circle format, TCI seeks to develop horizontality and circularity in the therapeutic process. In each session, participants assume co-responsibility for the therapeutic process, promoting both individual and collective effects. The sharing of experiences aims to value personal trajectories, favoring individuality and the reconstruction of self-esteem and self-confidence, as well as the expansion of one's own perception. By listening to oneself and having the opportunity to listen to others, it is possible to resignify one's suffering and reduce the process of somatization and other clinical complications<sup>5</sup>. In this sense, considering its effects on emotional strengthening and the construction of support networks, TCI proves effective for groups facing situations of emotional vulnerability, stress, and overload.

The practice of TCI enables the reduction of overload, helping with factors such as self-esteem, the creation of bonding networks and a sense of

belonging, the dissemination of knowledge, and the empowerment of the caregiver. This demonstrates the potential of TCI as an accessible therapeutic strategy, especially for those facing situations of suffering and emotional exhaustion<sup>6</sup>.

Accordingly, the university environment is configured as a favorable space for the realization of integrative and complementary health practices, especially Integrative Community Therapy (TCI), with the aim of mitigating or attenuating the suffering experienced throughout the academic trajectory. The implementation of TCI circles in universities can represent a strategy to deal with stress situations, create welcoming spaces, and promote socialization among students, also strengthening support networks in the university environment. Furthermore, educational institutions that encourage these practices contribute to the development of more sensitive professionals who are qualified to exercise integral care and a high-quality One Health approach with their future users<sup>7-8</sup>.

In line with current literature on the topic, this experience report on the integrative community therapy circles developed with family caregivers and students, through university extension, is relevant because it contributes to the construction of this scientific knowledge and highlights the circles as a form of care and strengthening for each participant. Additionally, it highlights a way of thinking and conducting university extension in the fields of health and education.

## OBJECTIVE

To report the experience of conducting integrative community therapy circles, highlighting the themes, concerns, and coping strategies identified by family caregivers and students at a public university in Southern Brazil.

## METHODS

This is an experience report based on the development of 13 TCI circles for caregivers, extension action number 22143, carried out from March 2023 to August 2024, originating from the extension project "A look at the family caregiver: those who care deserve to be cared for"<sup>9</sup>, registered under number 391 in the UFPel Cobalto system. The team consisted of the community therapist (TC), the first author, and undergraduate and graduate students, who are the other authors.

The promotion of the TCI circle was carried out through a radio program, posters at urban bus stops, health services, and social networks. It was held monthly on the premises of the Faculty of Nursing at the Federal University of Pelotas. The data used for this work were extracted from notes and reports made at each meeting.

The TCI<sup>10</sup> consisted of three moments: a) welcoming; b) community therapy; c) closing. In the welcoming phase, greetings, warm-up dynamics, celebrations, and agreements took place. During the therapy, the TC questioned the group whether something had been a "stone in the shoe" or an annoyance and motivated the participants to speak, as speaking is an expression and prevents the body from becoming ill due to silencing. Thus, one or more participants brought their concerns, and the TC, through questions, translated the situation/story into a feeling/emotion, so as to universalize it to various areas of life, which would resonate or not with the other participants in the group. If there was more than one theme, a vote was taken, in which the one that resonated most and touched the participants at that moment was chosen.

Once the theme was established, the group could ask more questions to the participant who presented the chosen concern. Embraces, songs, and poetry could occur at this moment, as the participant often became emotional, so welcoming was fundamental. After this moment, the participant who shared the concern remained in silence, and the therapist questioned the others about having experienced that feeling and how they faced it. It is at this moment that the banquet of forms of care, of resilience, presented itself, and everyone could benefit from it. In the closing, a review and synthesis of everything that was discussed took place.

A total of 120 people participated in the analyzed circles, with an average of nine people per meeting. The analysis of the reports occurred through the ranking of the concerns, themes, and coping strategies raised in the circles. In the topic of concerns, the relationship with the sector of life to which it was associated was established. In the chosen theme topic, coping strategies were established as solutions. Because this is an experience report, this study is exempt from evaluation by a Research Ethics Committee.

## RESULTS

The results are organized into two categories, the first being about the concerns and the last about the themes chosen in the circle.

### Participants' Concerns During the Integrative Community Therapy Circles

According to the reports from the TCI circles, the frequency of the following concerns was identified: stress (14), work (5), loss of freedom (1), longing (1), year-end melancholy (1), sadness (1), family conflict (1), irritation (1), overload (1), exhaustion (1), helplessness (1), powerlessness (1), indecision (1), uncertainty (1), abandonment, discrimination, and rejection (1), procrastination (1), anger (1), guilt (1), financial worry (1), lack of recognition (1), and low self-esteem (1).

Stress was the most frequently cited concern, being associated with overload, high demands, pressure, longing, and fear of the future. In turn, work-related concerns were linked to powerlessness due to a lack of support, dissatisfaction, unemployment, insecurity, and financial worry. Loss of freedom was linked to providing care for a functionally dependent family member.

Among the concerns that emerged only once, longing was related to a specific object, period, or person. When year-end melancholy arose in the circle, it was related to missing certain people during family celebrations. Sadness was also linked to bereavement and grief.

Family conflict was associated with feelings of confinement at home due to providing full-time care to a family member, accompanied by a sense of diminution and inferiority regarding the activities performed. Irritation was connected to feelings of indecision and confusion regarding daily choices. Overload, on the other hand, was related to self-dissatisfaction and dissatisfaction with the care provided, as well as high self-demand regarding performance—a concern close to feelings of helplessness and exhaustion.

Powerlessness was related to situations where participants could not control adversity, as well as to indecision and uncertainty. Furthermore, the concern of abandonment, alongside discrimination and rejection, emerged in a context where the participant did not identify with her life circumstances. Approaching this lack of identification or non-acceptance of events, anger, procrastination, and guilt were also pointed out as concerns.

Financial worry was linked to unemployment, while the lack of recognition occurred in the context of family caregiving, where other family members only criticized the caregiver's actions. Finally, low self-esteem was connected to a sense of helplessness and insufficiency in everything that was done.

### Themes Chosen by the Participants During the Meetings and Coping Strategies

The themes chosen were insecurity (3), loss of freedom (1), longing for something or someone (1), powerlessness (1), lack of recognition (1), longing (1), lack of self-esteem (1), financial worry (1), anxiety (1), insecurity (1), and fear (1). The coping strategies among the themes were distinct.

Insecurity, a theme chosen in three different circles, had the following coping strategies: resting the body and mind, thinking differently at night to avoid nightmares, not thinking about the future, being in an extension project, accepting insecurity for not being able to overcome it, moving forward until feeling that the insecurity has been accepted, looking inside and seeing what has already been learned, reflecting before and after feeling insecure, self-knowledge, observing qualities, listening to other people, speaking out loud, doing therapy, and recognizing oneself.

Regarding the theme of loss of freedom, among the coping strategies were: seeking family support, recovering friendships, having more involvement in college, religion, organizing oneself to perform activities they like at home, taking care of plants, trying to do the best for oneself, remaining in silence, and thinking that everything has its time.

As for the theme of longing for something or someone, among the coping strategies were keeping the mind busy, cultivating the grandfather's favorite flower, doing something that the absent person taught or used to do, thinking about good times and maintaining faith, tending to plants, talking to family every day, sending photos through technology to family members, visiting family whenever possible, and connecting with ancestry.

Regarding powerlessness, the coping strategies were: moving forward, continuing without much choice, doing therapy, bringing more productivity, learning to do things to help, having a support network, prioritizing the solution of one problem at a time, cooking and preparing meals together

with other people, thinking about a better future, proudly reciprocating the care provided, improving coexistence with people around, choosing to enter other environments, and focusing on oneself.

As coping strategies for the lack of recognition, writing, family support, continuing to perform activities even without due recognition, and doing what one likes were found.

The theme of lack of self-esteem had the following coping strategies: reaffirming that one does not feel lesser, realizing that everyone has their difficulties, asking God for help, seeking medical help, being attentive to oneself, moving on with life, maturing one's own values, not being affected, trying to think about things one likes, and not attributing power to the other.

Financial worry had the following coping strategies: not despairing in the face of economic difficulties, organizing and managing expenses according to monthly earnings, talking to children when it is not possible to buy desired items, maintaining a positive attitude, setting goals, and, when necessary, giving up some expenses.

As for the theme of anxiety, coping strategies presented included concentrating on the present moment, letting thoughts flow, maintaining faith in all circumstances, using integrative and complementary practices to manage anxiety crises, engaging in self-writing as a way to look inward, being in contact with nature, practicing meditation, reminding oneself that everything has its time, and performing physical activity such as riding a bicycle.

Fear arose from the insecurity of climate crises during the contextualization of the concern. As coping strategies, participants were guided to avoid solitary moments, seek self-strengthening to stabilize the family, concentrate on their actions and choices to know what to do and how to act, practice breathing techniques to alleviate the feeling of fear, and seek support in spirituality and religiosity.

## DISCUSSION

Stress was the most frequent concern in the TCI circles, related to overload. A study<sup>11</sup> highlights that constant care for another person can generate significant levels of stress, as well as mental and physical overload. This state of prolonged stress leads the caregiver to ignore their needs and self-care. Thus, caregivers with greater overload present lower quality of life and higher levels of

stress. The balance between these factors can play an important role in the overall sense of well-being.

Work was also a concern reported by the circle participants. In many cases, the caregiver needs to leave their job<sup>12</sup>, causing a reduction in financial resources for the family environment. This lack of financial resources can generate isolation from social life, triggering various feelings, such as fear, guilt, and anxiety.

Regarding the loss of freedom, in a study, caregivers who care for another person almost full-time reported that they have no time to do anything or go anywhere, which makes them feel isolated, discontented, and unmotivated. Caregivers who care alone spoke about their situation similarly, pointing out that the demands of their loved ones lead them to physical and mental exhaustion and deprivation of freedom.

As for family conflict, it is seen that the intense routine causes stress that reflects on the family relationship, resulting in conflicts. Because of this, family members no longer sit together for meals, do not ask about how they spent their days, and do not dialogue, causing the family bond to weaken.

Given this, it is possible to state that the TCI circle provides several benefits, as well as the possibility of finding coping strategies for the reported concerns. TCI is a therapeutic care technology that can be used in the resizing of conflicts, suffering, and emotions, expanding the support network. In this way, TCI contributes effectively by enabling listening, the socialization of problems, and strategies. From this, people are better able to deal with challenges, which impacts interpersonal relationships<sup>2</sup>.

The steps used during the TCI sessions, employed in each circle, create a welcoming and cozy space, in which participants seek their autonomy and recovery of self-esteem, promoting health and preventing diseases<sup>15-16</sup>.

In a study comparing the effects of TCI on anxiety levels before and after the intervention, it was seen that TCI was an effective intervention in reducing anxiety, since there was a significant reduction in symptoms. It is notable that therapy circles, mediated by qualified listening, foster the sharing of emotions and feelings, the creation of bonds, the restoration of self-esteem, and the search for solutions<sup>7</sup>.

The extension action from the integrative community therapy circles contributes to the

formation of a bond between the community and the university. For academic training, it sensitizes to a humanitarian look through the exchange of experiences and qualified listening. TCI plays a fundamental role in promoting well-being, qualified listening, socialization, and strengthening the self-esteem and autonomy of the participants. It presents contributions both to the community (caregiver/family) and to academic training, reinforcing the social and educational character of the extension action.

Reporting this experience allows readers to be motivated by the formation and development of this Brazilian integrative and complementary practice, which multiplies across the world. Developing this highly potent care technology, created in Brazil, with effective results and the production of bonds and affection within the academic sphere, softens the hardness of the university, even more so as a university extension, which tends to bring the external community closer to the academic community. Among the challenges still to be overcome is the situation of family caregivers, who often cannot participate because they assume care alone, without a support network, which makes it impossible for them to travel to the location of the TCI circle.

Due to its inclusive and welcoming characteristics, the TCI circle can be held in spaces such as schools, health services, squares, among others, with diverse or more specific audiences—family caregivers and students—as in this reported extension action.

## CONCLUSION

Reporting the experience of integrative community therapy circles allows observing the themes, concerns, and coping strategies that emerged in the meetings. With this, it is possible to see the power of the circle for participants to perceive themselves and identify their own knowledge, improving their self-esteem, autonomy, and problem-solving skills.

Furthermore, it is possible to observe the importance of integrative community therapy as a collective care strategy and academic training. Offering it in an extension project allows target audiences, such as family caregivers, as well as students, whether members of the project team or not, to benefit from a safe welcoming space and the solidary network that forms for individual and collective strengthening.

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