Perspective/Viewpoint - COUNTRY/REGIONAL

Integrative Community Therapy in the Time of the New Coronavirus Pandemic in Brazil and Latin America

Abstract

With the emergence of the COVID-19 pandemic, humanity experienced, at the same time, social confinement as a way to protect itself and the vulnerability of human life and institutions. In the past, overcoming calamities was done by being together, and now, with this pandemic, the form of protection is the opposite, social isolation. Over the past 27 years in Brazil, we have developed integrative community therapy (ICT) as a psychosocial intervention within the Brazilian Public Health System that is implemented in various contexts marked by the rupture of social bonds. The techniques of ICT, which have always had an essentially experiential character in face-to-face encounters, now need to be reinvented. To deal with the pandemic, ICT was offered to the general public virtually, with the following objectives: To strengthen bonds and build support networks; to minimize stigma and prejudices toward affected persons, encouraging empathy; and to offer a listening space by professionals involved in the fight against COVID-19. In March and April 2020, we conducted 100 sessions online with 3579 participants from 15 countries. The most frequent concerns expressed were fear and anxiety (53%), helplessness (30%), problems in dealing with family relationships (10%), and loneliness (7%). The techniques of virtual ICT became a support network for instilling hope for those in social confinement and moreover for discovering unknown potentials to transform life's adversities. Conducted in 15 countries and in four languages, emotional reactions were similar everywhere, demonstrating that pain and suffering have no frontiers and unite

Keywords: Community health, coronavirus infections, integrative community therapy online, mental health, resilience

Since the beginning humanity, individuals survived have tragedies, disasters, and calamities due to the human capacity for organizing ourselves and overcoming obstacles. Calamities come in many guises: droughts, floods, landslides, tempests, hurricanes, earthquakes, and epidemics. They all produce both physical and emotional chaos, being a source of stress and generating suffering.

With the emergence of the COVID-19 pandemic, humanity experienced, at the same time, social confinement as a way to protect itself and the vulnerability of human life and institutions. In the past, overcoming calamities was done by being together, and now, with this pandemic, the form of protection is the opposite: to isolate oneself physically and to avoid crowds, which has

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intensified psychosocial problems, with an increased prevalence of mental disorders, such as depression and suicidal ideation, and violence within the family, among other social problems.

Over the past 27 years in Brazil, we developed integrative community therapy (ICT) as psychosocial intervention within the Brazilian Public Health System (known as Sistema Único de Saúde) that is implemented in various contexts marked by the rupture of social bonds. Promoting community resilience and the empowerment of persons and groups means supporting them in transforming adverse experiences nourishing individual and collective growth, based on knowledge constructed through their life experiences.[1,2] The results of ICT have demonstrated its effectiveness as an instrument of psychosocial intervention in primary healthcare, privileging the promotion of health and the quality of life.[3-5]

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INTEGRATIVE COMMUNITY THERAPY ONLINE AND COVID-19

Based on the number of cases prevalent, Brazil holds the second place regarding the countries affected by the pandemic, dismantling already fragile social relationships, aggravated by social confinement. For their part, both individual and collective psychic structures are shaken both by losses without the proper mourning rituals and by the daily exposure to news of the number of victims and deaths.^[6]

The techniques of ICT, which have always had an essentially experiential character in face-to-face encounters, now need to be reinvented. The Brazilian Association of Integrative Community Therapy, the WASP Section of Community Mental Health with the support of the Brazilian Association of Community Therapy, the Latin American Network of ICT, and the European Association of ICT united to create a joint project with Brazil, Latin America, and Europe (www.abratecom.org; www.apsbra.com.br; www.aetci-a4 v.eu/aetci-paca).

To deal with the pandemic, ICT was offered to the general public virtually, with the following objectives: To strengthen bonds and build support networks; to minimize stigma and prejudices towards infected persons, encouraging empathy; to offer a listening space by professionals involved in the fight against COVID-19. In March and April 2020, we conducted 100 sessions, online with 3579 participants from Brazil, Argentina, Paraguay, Uruguay, Chile, Peru, Ecuador, Bolivia, Colombia, The Dominican Republic, Mexico, Portugal, France, Switzerland, and Italy. During the conduct of the ICT sessions, only one theme was chosen for reflection. Nonetheless, in the 100 online sessions, an average of five themes per program was presented, which represents some 500 kinds of concerns. The most frequent concerns expressed were [Figure 1]:

- Fear and anxiety (53%)
- Helplessness (30%)
- Problems in dealing with family relationships (10%)
- Loneliness, depression, and aggression (7%).

Fear and anxiety due to uncertainty

It highlights three great fears.

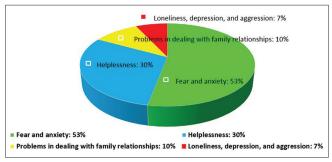


Figure 1: Concerns regarding COVID-19

a. Fear of starting over, facing the future

The future seems uncertain and becomes a source of anxiety:

- "What will it be like after the coronavirus?"
- "Will I be able to get my life back, my home, my work?"
- Fear of losing important people such as family members or close friends and not being able to meet them and comfort them
- "I'm afraid of not being able to say goodbye to people that I love"
- "I'm afraid of losing my job and not being able to support my family."
- c. Fear of infecting or being infected in the context of the pandemic

From the fear of dealing with the unknown, a great preoccupation with others emerges due to interpersonal empathy.

Helplessness

What stands out is the feeling of having one's hands tied. Wishing but not being able to help loved ones:

- "I feel limited in what I can do;"
- "I am witnessing what's happening without being able to do anything;"
- "I miss direct contact with my students;"
- "I'm afraid for my hospitalized patients with our limited technical resources."

Many referred to the feeling of having their freedom curtailed and living a life like a dependent child and living under guardianship.

Dealing with family relationships

This is about difficulties in coping within the family environment

- "It's heartbreaking to see members of my family who don't protect themselves;"
- "I don't know how to deal with my children's aggression."

FINAL REFLECTIONS

Through the adaptations of ICT online, we experienced the active involvement of the participants. Being able to talk and listen and to create bonds in an environment free of judgment was a relief for many. Throughout these concerns, the most remarkable discovery and lesson is the resilient capacity to turn traumatic occurrences into an occasion to create and invent: "I discovered that I can do more than I thought I was capable of;" "When I decided to live each day as if it were the last, I calmed down;" "I learned that focusing on hope gave me strength to get through this trial;" "I took the opportunity to do clear my conscience;" I was hopeless and the techniques of ICT gave me the

strength to carry on;" "We were able to discover together that we are living a fruitful experience."

The techniques of virtual ICT became a support network for instilling hope for people in social confinement, and moreover, for the discovery of unknown potentials to transform life's adversities, to overcome them and, in turn, to be transformed by them. Online ICT accepted suffering and provided confidence in the capacity of people to help themselves, to support each other, triggering resilience through the sharing of life's vicissitudes and coping with them. Conducted in 15 countries and in four languages, the emotions were the same everywhere, demonstrating that pain and suffering have no frontiers and unite us in our humanity.

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Conflicts of interest

There are no conflicts of interest.

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