

**IMPROVEMENT PERCEPTION IN MENTAL SUFFERING USING INTEGRATIVE
AND COMPLEMENTARY PRACTICES****PERCEPÇÃO DE MELHORA DO SOFRIMENTO MENTAL COM O USO DE
PRÁTICAS INTEGRATIVAS E COMPLEMENTARES****PERCEPCIÓN DE MEJORA EN SUFRIMIENTO MENTAL USANDO PRÁCTICAS
INTEGRATIVAS Y COMPLEMENTARIAS**Luiza Hences¹, Luciane Prado Kantorski², Maria Laura de Oliveira Couto³

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ABSTRACT

Objective: to know the perception of improvement in the state of mental suffering of users of public health services after using Integrative and Complementary Practices. **Method:** descriptive study with a qualitative approach carried out with thirteen users of three public health services, from September to October 2019. For data collection, a semi-structured script was used. The interviews were recorded, transcribed and categorized for thematic discussion.

Results: nine women and four men were interviewed, all aged between 20 and 61 years. Seven of the respondents had depression and anxiety associated. The participants reported improvement in the signs and symptoms of depression and anxiety, as well tranquility after using an Integrative or Complementary Practice. **Conclusions:** from the use of integrative and complementary practices, users revealed a psychological improvement, with the perception of maintaining emotional balance and well-being.

Descriptors: nursing; mental health; mental health services; complementary therapies.

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RESUMO

Objetivo: conhecer a percepção de melhora do estado de sofrimento mental dos usuários dos serviços públicos de saúde após a utilização de Práticas Integrativas e Complementares.

Método: estudo descritivo de abordagem qualitativa realizado com treze usuários de três serviços públicos de saúde, de setembro a outubro de 2019. Para a coleta de dados foi utilizado um roteiro semiestruturado. As entrevistas foram gravadas, transcritas e categorizadas para discussão temática. **Resultados:** foram entrevistados nove mulheres e quatro homens, todos com idade entre 20 e 61 anos. Sete dos entrevistados tinham depressão e ansiedade associados. Os participantes relataram melhora nos sinais e sintomas de depressão e ansiedade, bem como sensação de tranquilidade após utilização de uma Prática Integrativa e Complementar. **Conclusões:** a partir da utilização de práticas integrativas e complementares, os usuários revelaram melhora psíquica, com percepção da manutenção do equilíbrio emocional e bem-estar.

Descritores: enfermagem; saúde mental; serviços de saúde mental; terapias complementares.

RESÚMEN

Objetivo: conocer la percepción mejorada en el estado de sufrimiento mental en los usuarios de servicios de salud pública, después de utilizar Prácticas Integrativas y Complementarias.

Método: estudio descriptivo con abordaje cualitativo realizado con trece usuarios de tres servicios públicos de salud, de septiembre a octubre de 2019. Para la recolección de datos se utilizó un guión semiestructurado. Las entrevistas fueron grabadas, transcritas y categorizadas para la discusión temática. **Resultados:** nueve mujeres entrevistadas y cuatro hombres, con edades entre 20 y 61 años. Siete entrevistados tenían depresión y ansiedad asociadas. Los participantes reportaron mejorías en los signos y síntomas de depresión y ansiedad, bien como sensación de tranquilidad después de usar una Práctica Integrativa o Complementaria. **Conclusiones:** a partir del uso de prácticas integradoras y complementarias, los usuarios revelaron mejora psicológica en la percepción, manteniendo equilibrio emocional y bienestar.

Descriptores: enfermería; salud mental; servicios de salud mental; terapias complementarias.

INTRODUCTION

The concepts of mental health and psychosocial care are opposed to those of traditional psychiatry, and in practice there is also a strong divergence between these fields. Mental health is complex and operates, in the light of public health policies, from the perspective of person-centered care.¹

Psychosocial care is underpinned by a network of knowledge that draws on the art, culture and ideology of individuals and communities.¹ It should therefore be emphasized that this study is anchored in the

above concepts, as well as in the principles of Psychiatric Reform.

Furthermore, in 1978, at the First International Conference on Primary Health Care (Alma Ata), the World Health Organization created the Traditional Medicine Program with the aim of disseminating public health policies on the subject.² Traditional Medicine is defined as the set of knowledge, skills and practices based on the theories, beliefs and experiences of traditional peoples from different cultures, used to maintain health and prevent, diagnose and treat physical and mental illnesses.³

In Brazil, where the term Integrative and Complementary Practices (PICS) is used, this movement was guided by the Eighth National Health Conference (1986) and culminated in the construction of the National Policy for Integrative and Complementary Practices (PNPICS), with the participation of associations linked to the subject, government departments and organized civil society, and was approved through ministerial ordinance No. 971 in 2006.²

PICS and psychosocial care converge their knowledge and practices in health, especially in their opposition to the biomedical model, since psychosocial care emerges as an alternative to social exclusion, the stigmatization of madness, medicalization and other behaviors normalized by traditional psychiatry and PICS are sought out by users of the Unified Health System (SUS), dissatisfied with the professional-user relationship and interventions based on biomedicine.⁴

This idea is linked to the counter-hegemonic character of psychosocial care, which, despite the Psychiatric Reform, encounters resistance in actions that continue to be centered on disease, drug treatment as the main therapeutic approach and medical-centered action.⁴ Similarly, PICS face obstacles to their consolidation as a care practice, such as their expansion in the private market in developed countries and the lack of in-depth study of their techniques by biomedicine.⁴

In view of the above, this study is justified by the lack of in-depth knowledge about the benefits of using alternative health care practices for people suffering from mental illness. Therefore, the aim of this study is to find out the perception of improvement in the state of mental suffering of users of public health services after using one or more Integrative or Complementary Health Practices.

METHOD

This is a descriptive study with a qualitative approach, part of a study entitled "Use of Integrative and Complementary Practices in Mental Health", which was carried out in three health services, a Basic Health Unit, a Psychosocial Care Center and a Reference Center for Palliative Care, between September and October 2019, in a municipality in Rio Grande do Sul.

Thirteen users of the aforementioned health services were interviewed and the content of the interviews with nine of them was taken into account for the preparation of this article, while the content of the other four interviews was disregarded for this article because it was not related to its objective. The participants were selected on the recommendation of the health professionals who coordinated the PICS workshops or groups, based on pre-defined selection criteria, which were: being over 18 years old; having at least one diagnosis of mental disorder and

taking part in at least one activity involving PICS.

All the participants' data was collected by the researcher, who at the time was a nursing student and a member of the Nursing, Mental Health and Collective Health Research Group. Having been part of this group for around three years, the researcher had carried out other data collection with users of mental health services in the same municipality and in other municipalities in the region.

As well as being close to the mental health field, the researcher is a reiki practitioner and uses Integrative and Complementary Practices in her day-to-day life, showing an interest that, like the mental health field, arose from the knowledge acquired during her undergraduate studies. However, she had no links with the users and health services chosen for the research and the invitation to the participants was made at the first contact with the researcher, who explained the objectives and the personal and scientific reasons that led to the research.

The interviews were carried out in the respective health services, in an environment reserved for this purpose, guaranteeing the confidentiality of the information and the comfort of the participants in answering the questionnaire. Before the interviews began, the Free and Informed Consent Form (FICF) was read, handed over and signed in two copies by the participant and the researcher, with one copy for each. The participants were guaranteed the freedom to participate

spontaneously and the right to withdraw at any time during the study.

For data collection, a specific instrument was used, with closed identification questions and five open questions. Of the open questions, the answers to two were used to achieve the aim of this article, namely "How do you perceive the influence of [name the Practice used] on your health?" and "What benefits and limitations can Integrative and Complementary Practices bring to the mental health of those who practice them?".

The interviews were carried out individually in a single meeting, after the interviewees had used the PICS. They were recorded on a digital device and lasted an average of eight minutes. They were transcribed into a *Word* file by the researcher for later coding. During the interviews, the participants revealed that the PICS they used were reiki, auriculotherapy, meditation, medicinal plants, yoga, mindfulness, ayurveda and thetahealing.

The content analysis proposed by Bardin was used, with three stages of organization: pre-analysis, exploration of the material and treatment of the results.⁵ To identify the participants, the letter P was used followed by a number, according to the sequence of the interviews. After transcription, a general reading of the results was carried out to get to know the content of the speeches, then a thorough reading was carried out, highlighting the recurring content in the

participants' speeches, which made it possible to group them by theme and, finally, two thematic categories were created in order to meet the objectives of the article. The *Consolidated criteria for Reporting Qualitative research* (COREQ) checklist was used to construct this article.

The study was approved by the Ethics Committee of the Faculty of Medicine of the Federal University of Pelotas (UFPEL) under opinion number 3.554.259.

RESULTS

The results found were organized, after exhaustive reading, and grouped by the author herself according to the themes that emerged from the data. Of the thirteen users interviewed, nine were women, four of them aged between 20 and 25 and the other five aged between 43 and 61. Four of the interviewees were men, aged between 26 and 52.

Seven participants were diagnosed with mixed anxiety and depressive disorder (ICD 10 - F41.2), three participants with recurrent depressive disorder (ICD 10 - F33), one participant with recurrent depressive disorder (ICD 10 - F33) and associated bipolar affective disorder (ICD F31), one participant with recurrent depressive disorder (ICD 10 - F33), panic disorder (ICD 10 - F41) and post-traumatic stress disorder (ICD 10 - F43.1) and one participant with schizophrenia (ICD 10 - F20).

In addition to Integrative and Complementary Health Practices, drug treatment was mentioned by twelve of the thirteen interviewees. All of them attended a public health service and carried out activities involving one of the ICPs.

The participants' statements revealed, among other findings, perceptions of improvement in the symptoms of mental suffering and were divided into two categories according to content: improvement in the signs and symptoms of depression and anxiety, and a feeling of tranquillity with improvement in the tenacity and course of thought.

Improved signs and symptoms of depression and anxiety

This category deals with the perception of improvement in the signs and symptoms of anxiety and depression, such as fear related to socialization, the set of depressive symptoms that makes daily actions impossible, the understanding of the state of mental suffering and the relief of episodes of psychic crisis.

One of my problems was social anxiety, which I had a lot of. I think this [mindfulness] helps to remove that feeling of fear that we have of being in a group, of having to interact with other people, so these workshops [mindfulness] help a lot (P-4).

Yoga is something that will help a lot of people, people can be in a very depressed state, a very stuck state, if they learn to breathe and move, they'll come out of it (P-9).

When I manage to stop and meditate, I get a bit of a sense of what's happening to me [...] Often I'm in a really bad way, I don't leave the house for a whole week, I don't even get out of bed to eat, I've gone three days without eating, you know? Very extreme things and when you stay closed up for a long time, I feel like I'm cut off from the world, and when I started doing these

meditation practices I began to understand that I'm here, now, that the world outside is still going on and that I have to deal with the things I need to deal with (P-3).

Mindfulness has made all the difference, I can deal better with my crises when I'm alone, when I start to see that I'm getting unwell, I can already apply the practices I learned in mindfulness (P-7).

With Pilates I'm having more balance, I'm able to move around more [...] I'm feeling much better, because I think that due to depression and the desire not to leave the house, I was sedentary (P-10).

It can be seen that, for these participants, there has been a significant improvement in relation to the use of PICS for symptoms of mental suffering, from the mildest conditions, which cause minor changes in the individual's daily life, to the most severe conditions that prevent action or cause psychological crises.

Feeling of tranquillity with improved tenacity and course of thought

This category includes expressions that mention the feeling of tranquillity and calm after using reiki, medicinal plants and auriculotherapy.

The benefits I told you were that I stopped being so agitated, euphoric, I didn't have to wait, it had to be for today, you know? I couldn't wait until tomorrow, now I'm calmer after I started using the seeds [auriculotherapy] (P-2).

Reiki makes me feel very calm, after my friend applies it on me it feels like a weight comes off, you know? And herbs are scientifically proven to help our energy field, so I use them to get rid of things that remain at the end of the day, you know? To make me feel a bit calmer (P-6).

In the reports cited, the feeling of tranquillity and calm mentioned after the use

of these PICS is noticeable. In the first, the participant mentions the occasional use of reiki and the daily use of medicinal plants with the aim of calming herself down, while the second report shows a perceived improvement in the reduction of euphoria and agitation.

The improvement in tenacity and order of thought was reported, because in addition to bringing a sense of tranquillity, there was an improvement in the fulfillment of tasks, in self-care and in the order of the course of thought with the treatments of alternative and complementary practices.

Meditation should help, at least it helped me at that moment to reduce the rush of thoughts a little, it seems to give a certain order (P-5).

When I use these means [PICS] I can focus, I can calm down, and I can finish all the activities I set out to do in my own time (P-6).

I think they're very positive [the PICS] and even if you don't think anything works, at least you'll have some time to think about yourself, focus and breathe a little (P-7).

When I started practicing [meditation], I felt calmer, more centered, less anxious (P-8).

In view of the above, the health benefits, such as maintaining focus on activities and the logical course of thought are among the improvements perceived by the participants, and the affirmation of one of them, who understands that alternative care practices, such as PICS, can bring a moment of tranquility to those who practice it.

DISCUSSION

Both Integrative and Complementary Practices and Psychosocial Care are

influenced by a biomedical model of care, based on the healing relationship between the professional and the "sick person". In contrast, community and health promotion practices, carried out by interprofessional teams in an institutional or non-institutional support network, aim to transcend this passive professional-user relationship, through psychological and social empowerment and co-responsibility for the therapeutic possibilities appropriate to each user.⁴ In view of this, the following are studies that corroborate the findings of this research, showing the therapeutic effects identified through the use of PICS by people suffering from mental illness.

A study that sought to demonstrate the current mental health situation of the Brazilian population and the relevance of PICS in this context, concluded that the use of homeopathy, traditional Chinese medicine, anthroposophic medicine, aromatherapy, medicinal plants, acupuncture, social thermalism and yoga show a reduction in symptoms of mental suffering and an improvement in well-being.⁶

In this context, an integrative review selected twelve articles dealing with the use of ICPs in mental health. This review found that acupuncture was the most widely used practice, but there was also research into auriculotherapy, meditation, mindfulness and yoga. As for the symptoms of mental suffering for which ICPs were used, the majority were symptoms of depression, but they were also used for dementia, memory disorders and

substance abuse. The results were positive, with improvements, for example, in symptoms of anxiety, depression and insomnia.⁷

Furthermore, the results of this study showed that there was a perception of improvement in the symptoms of anxiety and depression. Anxiety disorders are characterized by excessive fear and anxiety, as well as related behavioural disturbances, such as anticipation of danger in the face of an unknown situation. Symptoms include changes in heart rate, breathing and blood pressure, insomnia, fatigue, agitation, tremors, excessive sweating and apprehension.^{8,9}

On the other hand, depression, the pathophysiology of which is not fully understood, is considered to be a heterogeneous condition that involves a decrease in the functioning of monoaminergic neurotransmitters in the brain, affecting the individual's biopsychosocial spheres of involvement. Symptoms include: decreased attention, which affects tenacity and mobility; neglect of appearance and hygiene; increased or decreased perception, which can cause aggression and decreased sensory perception; memory changes, such as distortions or fixation on painful facts; and language changes, such as bradyllalia and hypophonia.¹⁰

In view of this, a literature review looked for evidence of the use of complementary therapies for mental health treatment and concluded the effectiveness of phototherapy for major depressive disorder and seasonal depression, as well as the

benefits of *mindfulness*, especially for individuals with mild to moderate depression. Evidence was also found of the effectiveness of using some medicinal plants as an adjunct in the treatment of generalized anxiety disorder.¹¹ Another body of evidence demonstrates the benefits of practices such as yoga, Tai Chi and Qi Gong, and meditation for the treatment of depression and anxiety.¹²

In this sense, a study carried out in a community psychiatric service in Hong Kong used an intervention with yoga groups for the participants, who were service users diagnosed with depression. As a positive effect of the intervention, the participants reported a feeling of happiness, relaxation and the release of negative emotions.¹³ Similarly, a study carried out with 65 women who attended a yoga clinic showed the effectiveness of this practice as a tool for reducing anxiety levels.¹⁴

Some of the participants in this study mentioned that, after including PICS in their therapeutic plan, they felt more willing to socialize and were no longer afraid to be part of a therapeutic group. Similarly, in a study carried out with professionals from Primary Care health services, the researchers perceived mild and severe mental disorders as one of the demands of group PICS. In this sense, they affirm the potential of group PICS as a device for producing mental health care.¹⁵

The participants in this research also highlighted the benefits of the Practices in episodes of psychic crisis. Research into body practices in psychosocial care corroborates

this result, which is that body practices, using breathing techniques guided by Eastern philosophy, are a tool with high potential for containing or alleviating crisis situations, psychomotor agitation and aggression. In addition, they can reduce the symptoms of anxiety that aggravate panic attacks or increase the risk of suicide in individuals suffering from mental illness.¹⁶

The participants' statements show signs of low self-esteem and a lack of self-control over everyday actions. In line with this, a study carried out with professionals from a public health service specializing in PICS showed that the activities developed in the service promote user empowerment, as well as enabling greater self-control, improved self-esteem and individual responsibility for their own life and health.¹⁷

In addition to the subjects' perceptions of the influence of PICS on symptoms of anxiety and depression, there were others related to feelings of tranquillity and thinking. Tranquillity is understood here as a reduced level of stress and anxiety. The examination of mental state includes the evaluation of thought, which is analyzed by course, form or content. The course refers to the speed of thought, the form determines how the chain of ideas occurs and the content translates the expression of the individual's ideas, such as plans or desires.¹⁸

With this in mind, in a study carried out with professionals, academics and users of a health service, the researchers carried out a relaxation activity in the unit's reception room

using music therapy and aromatherapy. As a result of this intervention, users reported physical and mental well-being, a sense of inner peace, a lighter body and improved breathing.¹⁹

Still on the subject of the perceived feeling of tranquillity, the use of medicinal plants in sprinkling baths was mentioned, as well as the scientificity behind this practice. Researchers recognize that for some time, scientific research involving products made from medicinal plants was criticized and not considered a therapeutic option by specialists. However, in recent years, databases have indexed several randomized clinical trials investigating the use of complementary therapies for the maintenance and treatment of mental disorders.²⁰

Regarding the implementation of ICPs in public health services, health professionals emphasize the difficulty encountered due to the invisibility of the Practices, which may be due to the demand for productivity in health services.¹⁵ In addition, in training sessions held with a health team with the aim of implementing ICPs in the health service, the team's professionals reported that they were unaware of the proposal and purpose of the National Policy for Integrative and Complementary Practices (PNPIC).¹⁹ It is therefore necessary to broaden the knowledge of health professionals about the PNPIC and to seek ways for the PICS to be widely recognized by users, health professionals and managers.

In view of the above, there is support in the scientific literature for the benefits perceived by users of public health services, as well as by professionals, in terms of the positive implications of offering PICS in health services. This research emphasizes the perceptions of users with mental suffering about changes in their attitudes and thoughts as a result of alternative therapeutic practices and the reflection of these changes on their mental well-being.

However, a limitation of the research was the superficial way in which the participants' routine of using PICS was investigated, such as periodicity, duration and date when they started using them.

CONCLUSIONS

The findings of this study show that the use of PICS such as mindfulness, yoga, meditation and Pilates can relieve signs and symptoms of depression and anxiety. On the other hand, reiki, medicinal plants and auriculotherapy can bring the user a sense of tranquillity. It was also concluded that meditation can help organize thinking. In addition, PICS are a humanized and comprehensive care technology, adapted to the individual's biopsychosocial needs and providing self-care and protagonism for the subject.

Given this evidence, corroborated by other studies, the use of PICS is recommended as a complementary form of care in psychosocial care. It should be emphasized

that this is a relevant topic for health care and that, due to the limitations found in this study and the global gaps in knowledge, there is a need for further research into the numerous possibilities of alternative care practices and their potential health benefits.

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