

Intimidade e Vínculo nas práticas de cuidado na ESF: Enlace entre o binômio mãe-filho mediante a estratégia de abordagem grupal desenvolvida na Residência Multiprofissional em Saúde

Intimacy and Relationship in the care practices at the FHS: Connection between mother and child through the strategy of group approach developed in the Multiprofessional Health Residency

Intimidad y Vínculo en las prácticas de cuidado en la ESF: Enlace del binomio madre-hijo mediante una estrategia de ampliación desarrollada en la Residencia Multiprofesional en Salud

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ABSTRACT: Our goal is to discover the vocabulary universe of the necessities of a group of pregnant women, through their lecture of the world, based on Paulo Freire's Culture Circles, in the daily life of the professionals of a multiprofessional health residency. It is an exploratory research with a qualitative approach, carried out in the interior of Ceará, Brazil. The results show that the multiprofessional residency facilitates the creation of collective spaces, since it allows encounters among subjects who develop their actions based on a pedagogical formation and the

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use of educational technologies such as the Culture Circles. It is concluded that the members of the residency have the possibility to think about other ways of producing health, encouraging the search for the transformations of professional practices to produce new actions in health.

Keywords: Practice and Residency. Professional practice. Health Education. Group Strategy. Group practice. Group structure.

INTRODUCTION

The actions that are developed in the Family Health Strategy (FHS) seek to meet people's needs through health promotion, diseases prevention and care, recovery, treatment and rehabilitation, harm reduction and health maintenance, with the objective of comprehensive care for people's health¹. The FHS is located in a territory adjoined to families, thus taking responsibility for their health, enabling the care coordination in healthcare networks, accompanying and organizing the journey of the people in various scenarios.

Noteworthy is the Basic Health Unit (BHU), which, as it is considered a strategic point of attention, needs to be the gateway for pregnant women in health services, guaranteeing continued care. Consequently, the need for health-promoting practices developed for the care of pregnant woman is required. Among them, we would like to mention the gatherings of groups in prenatal care as an integral part of this attention.

Prenatal care is a preparation moment for maternity that allows a space for the health team to develop quality care. This attention is composed by early detection of risk situations, accessibility to the services, and care qualification in the pregnancy-puerperal period². These factors are determinant in the constitution of health indicators related to the reduction of maternal mortality.

The health of women and children has been the subject of many concerns on the part of the Ministry of Health (MH) and, since this office intends to improve the quality of the assistance for this population, prenatal care is included among the programmatic actions established in the Unified Health System (UHS).

The women's interest for deepening their knowledge on issues related to the gestational period is perceived since they show curiosity on the debated topic. Their adherence to these programs intensifies the need for a more prevalent health education in prenatal care, especially in primary care, which is where we can establish a bond of trust between practitioner and patient.

Working with groups is identified in the context of the UHS as a practice that contributes to overcoming the biomedical model. We agree with this premise insofar as the group is understood

as a space of free expression that can favor the mechanisms necessary for the change of behavior and, consequently, necessary for the promotion of health³.

The promising experiences initiated by Paulo Freire, before the practical realization of this set of thoughts and attitudes, sought legitimate education as a process of inclusion and citizenship and fomented the Popular Education movement. This fruitful education transcends the modification of education methods and converts passive people into participants in the transformation of reality, for at the same time it educates and politicizes the people, awakening them to a critical awareness of possibilities and commitments for the construction of a more solidary world⁴.

Rewriting the pages of a story, where all are subjects and agents of a changing context, in the ideals of promoting health, with justice and the humanization of society, Culture Circles enter the actions of Health Education, in order to strengthen the action of all that are part of the exchange of experiences, to strengthen processes of empowerment of the practitioners and the users in the exercise of their citizenship as subjects of a shifting history⁴.

Several studies confirm the effective use of the Culture Circle as a Health Education strategy. In addition to providing the exploration and discussion of various topics with adolescents, it also allows dialogue with this group, enabling the participants' autonomy and a critical reflection on reality with the political commitment for its transformation⁵.

Freire conducted small researches on the construction of knowledge of the local reality in order to get involved with the work of literacy in the communities. This first pedagogical step of the method was named by Freire with several similar terms: "raising the vocabulary universe" (in *Educação como Prática da Liberdade*), "discovery of the vocabulary universe" (in *Conscientização*), "research of the vocabulary universe" (in *Conscientização e Alfabetização*), "investigation of the thematic universe" (in *Pedagogia do Oprimido*)⁶. The objective of the vocabulary universe research is to know how a social reality existed in the life and thinking of its participants. It is the collective discovery of life through speech, the world through the word.

Consequently, this study seeks to know the vocabulary universe of necessities of a group of pregnant women, from their lecture of the world, based on Paulo Freire's Cultural Circles.

METHODS

This research uses an exploratory qualitative approach, referring to the first stage of the Culture Circle of Paulo Freire's method, the survey of the vocabulary universe, of a group of pregnant women in a Family Health Center (FHC) in the municipality of Sobral, Ceará, Brazil, from October 2012 to May 2013.

The selection of the scenario occurred because it is the contemporary field of action of one of the authors, who is Physical Education intern at the Multiprofessional Residency in Family Health (MRFH).

In order to have access to the population that would compose the participants of this research, the objectives of the study were clarified to the staff of the service where the intern was already active. This aimed at facilitating the knowledge of the area and initial contact with the health team to verify the medical records of the pregnant women and the information about the days and periods of the group's moments.

The selection of the participants met the following inclusion criteria: being pregnant during the study period; being inserted in the pregnant group of this particular FHC; showing physical and psychic conditions to participate in the research. Six pregnant women from the territory assigned to the FHC participated in the study.

Considering that ours is a qualitative research, it articulates subjective issues such as cultural roots, feelings, emotions, behaviors, personal reflections and commentaries, discussions and synthesis resulting from the collective production. In this sense, we used participant observation, field diary and the use of a recorder to collect information.

For its creator, the Culture Circle was the space in which, through dialogue, it was taught and learned that there was no space for transfer of knowledge, but for the construction of the learners' knowledge with their hypothesis of world lecture.

The first stage of the investigation of the "generating themes" or the "significant themes" of a given area starts with the secondary sources, by following their vocabulary universe during 6 (six) meetings to appreciate the discussions, speeches, positions, expressions and behaviors. It uses an informal approach with the participants in informal spaces (visits, in the corridors of the unit, in other meetings, such as the Local Council, Neighbors' Talk⁵, prenatal reunion, waiting room, among others). The observation in the groups intends to attend to the research of the objective: to raise the vocabulary universe of the necessities of the pregnant women through the generative

⁵ An instrument that has been used to promote health in the municipality of Sobral is the Neighbors' Talk (*Roda de Quarteirão*), which consists of providing the users, in a simple conversation, subjects that bring information/content about the most diverse themes, transforming this practice in a great strategy to disseminate knowledge according to the needs of the population and outside the FHC, as well as assist in prevention. The Neighbors' Talk as an action that integrates education in health and popular education in health seeks to promote educational practices with a particular community, making the communication between technical and popular knowledge possible through dialogue, respecting the reality and the knowledge of the families. In addition, according to Campos (2006), this process makes the proximity of the FHS with the community feasible, providing a closer dialogue related to the local reality, developing the autonomy of the subjects, as the capacity of the individuals awakens to reflect critically on their reality, in the perspective of joint decision-making in front of problem situations.

words that were found by the mediatization in the informal conversations. The informal approaches, fundamental in this first stage, attempt to study the level of perception and the core of contradiction of individuals in the area. These contradictions are nothing more than “limiting situations”. This set of contradictions is not enough for structuring the programmatic content of educational action. According to Freire “this vision is still theirs, and not that of individuals in front of their reality”⁷.

Lastly, the culmination meeting of the problematization of reality took place. It was based on the reflection of the findings that were elucidated and proved by the participants in the group mediation where their wishes and needs were discussed. This was mediated through a group dynamics called “tent of the wishes”, a kind of small cabin where the participants expressed their needs and clarified information announced by the researcher and added speeches not yet spoken. Among the highlighted category in this study was the one of light technologies, of healthcare, that involves the disposition of the bond and reception in the care process between mother and child.

In this study, the description and organization of the results consisted in the transcription of the collected information, with full speech records, sorted by narration and discussion, thus allowing its analysis through the assumptions of Paulo Freire’s method and Thematic Analysis⁸. To analyze the data, we dialogued with previously established categories, “health necessities through the user’s voice”, from mediating texts. This promoted the organization and memory of the speeches, enabling us to use the technique of thematic analysis⁸.

To guarantee the anonymity of the participants, names of feelings were used to identify them: Generosity, Joy, Tenderness. The study was submitted to the Ethics and Research Committee of the *Universidade Estadual Vale do Acaraú*, obtaining approval, per number: 50889315.3.0000.5053.

RESULTS AND DISCUSSIONS

In the sense of reorienting practices, the Ministry of Health (MH) created the Family Health Strategy (FHS) as a proposal for a care model capable of meeting the social demands, the different epidemiological, health, demographic and cultural profiles. This proposal should be centered on the user, with a territorial basis, being the gateway to the other levels of attention of the founding axes: promotion, prevention, recovery and treatment, in addition to assisting in inequities, social inequities, stratification and comorbidities⁹.

It is also desired that, to meet these ideations, the health professional should coadunate with the precepts and conceptions of health, and awaken to a flexible, human, sensitive practice, ethically and politically responsible of the other, regarding how to dispense life-producing practices. These assumptions can be analyzed from the perspective of the multiprofessional teams of the FHS, in particular the Multiprofessional Residency in Family Health, which acts as a specificity in developing educational technologies for the UHS.

With the emphasis on training professionals for the UHS, taking permanent education into account, the Residency Programs in health, especially in the municipality of Sobral, foment initiatives in the field of Health Education that enable a discursive approach, triggering new technologies in health to support the teaching-learning process and the assistancemethods. This helps to create a range of possibilities to work with methodologies facilitating the dialogue with families, through interpersonal relationships, for the establishment of bonds, love intimacy, contact, attention and the resolution of multifactorial questions, from strategic and participatory planning in health and the evaluation or comprehensive and dialogical analysis of the historical subjects (id.).

Technology denotes an arsenal of change-triggering procedures and techniques, created with the interaction of processes and people. Concentrating health technologies in detail, we reaffirm the need to create hard technologies, represented by rigid instruments that mediate the work process, not neglecting the value and implication of light-hard technologies. This is expressed through the knowledge and skills used in handling these instruments and the light technologies, also called human relations, of production of affection, life, reciprocity, and the exchange of feelings, indispensable for the effectiveness of the communicative act and the promotion of healthcare¹⁰.

Continuing education is envisaged by acts of reflection, dialogue, propositions, actions, and practice re-signification in view of changing reality, which allows the verification of meanings¹¹.

On the other hand, the studies point out to some difficulties to reach this ideology in the UHS, of the effectiveness of the constitutional precepts and the operational recognition of this conquest. The lack of investment and professional qualification in differentiated training for the UHS is still notorious and challenging, in addition of the lack of physical structure and health services, participations, teamworkstrengthening, logistics and others. With regard to health care, it is imperative to add value in health training, essentially sociology and anthropology skills when dealing with the other, in forming subjects who understand and appreciate human complexity, who are actually gregarious, like to become involved in social dynamics, redress their actions and reform their positions and practice, essentially for the understanding of the family and the respect of the knowledge found in the subjects¹¹.

Probably, approaching the subjects' perceptions and voices is a necessary path that results in the emergence in the world, the development of their autonomy. The therapeutic plans, in fact, materialize from the co-responsibility and the negotiations. Therapies need to be dialogued and compacted in the collectiveness. Therefore, it is basic to know the perception of the professionals who work in the FHS to start from this assumption to draw strategies of approaches to families, a detailed analysis in the field under debate¹¹.

In the attempt to foster and reflect more about these technologies for the UHS, the reception is essential to concretize the principles of the health system, as an instrument, as well as being a

relational technology, thus predicted by other authors, in this study also as institutional management technology, capable of diagnosing vulnerabilities, demands and needs of the users. Nevertheless, it observes the categories of health offers and demands, and the demand must be presented as primary terminology¹².

Reception is compared with a light technology, associated with the production of care in the FHS, which goes beyond the logic of professional knowledge, a content and technical apparatus, but concerns human posture and attitudes towards the users. It also places the need of the professionals to develop skills to better assist the users, in sensitive and qualified listening, the commitment to understand the plurality of contexts, and uniqueness of care. Reception favors the interaction between the actors, in the perspective of approach with these actors, and co-responsibility¹².

It refers to an orientation made by the MH in conceptualizing reception as a stance, a behavior that mobilizes interventions that directly involve a permanent and healthy link between the family health teams and the users, in order to propose mediation strategies within the healthcare services¹².

The reception is an indispensable and relevant resource in recognizing the users' demands, tracing care routes and itineraries to meet the interests, desires and demands of the users.

The reunions of the groups of pregnant women happen as a cohabitation space with the objective of discussing issues inherent to pregnancy, sharing life's anguish, knowing the flow chart of the service and the sectors in which they will transit during the pregnancy period. This facilitates the strengthening of bonds between them and the professionals, as well as the line of care.

The meeting was dedicated to developing the topic of breastfeeding, with adolescent and adult women, in the age group ranging from 15 to 40 years old, who also performed prenatal care. This moment, according to the caregiver, was requested by them, because it is a theme that is always surrounded by myths, truths, controversies, doubts and curiosities. Thus, the space was granted to work on this topic. It happened in a large room, with the participation of six pregnant women, and was facilitated by the resident group, specifically by the Physiotherapist, the Physical Educator and the Community Health Agent.

In order to make some learning course that suggests knowledge-sharing as pedagogical, fertile and enjoyable, opting for effective methodological instruments was indispensable in all the nuances of this process. More specifically, participatory approaches can be mentioned as an interventional alternative that has proved to be significant for this purpose.

The methodologies or participatory evaluations refer to the Freirian pedagogy, contemplated by its innumerable proposals of transformative education and from the dialogical action in order to value the communicative act of the subjects with the purpose of developing their autonomy and emancipation¹³.

At that time, at first the importance of the subject was explained, the biological, physiological and financial benefits for the newborn and for postpartum. So, the group started and, as always, a recapitulation of names was made, each one saying their name, the gestational age, the sex of the baby and some other information, succinctly.

The initial dynamics were the dynamics of the mirror. This activity was adapted from the original one in which a mirror is placed inside a box and each person opens the box and sees what is inside, in this case their reflection, and expresses to the others what they are seeing. In this variation, the box is replaced by a symbolic paper mirror, a white sheet with a cover that can be of a mother and inside are several photos of babies, moms, breastfeeding, mother and child bond, affections and care.

The first woman, looking at herself in the mirror, says, when she opens it:

Ah, one can see the love and affection (Generosity).

The second says:

This reminds me of my other son, the happiness of being a mother, a divine thing (Joy).

Another says she sees care, attention. Another says that the attitude of breastfeeding:

is very good, because it facilitates the bond between the mother and the baby, the child feels that affection (Tenderness).

Another participant claims that she wants to take good care of the baby, that she will do her best to make the feelings that are presented in the photo happen a lot. These inquiries reveal the importance of moments like these being continuous, there are various learning moments and many exchanges between users and workers.

This contact with the other, which we call here a technique of group approach, in the attempt to promote socialization, integration and produce techniques and strategies of working in a team and in the territory, was propitious to start the meeting and strategic for later moments¹⁴.

It considers of real value to propose communication between the involved people from a circular relation, in which all weave participation of equal significance and value, implying the good progress of the group. The group practice that links dialogue and mutual influence suggests the appropriation of this knowledge¹⁴.

The second moment was a conversation about breastfeeding. The series album from the MH was used for guiding this moment. It contained information such as: the advantages of breastfeeding, myths and truths, frequently asked questions, and care for the mother in the physical and psychic

dimension. The facilitator raised a question for the mothers, who respond in a way to dialogue with the affirmations contained in the album. The following items were listed:

Importance, advantages, anatomy of the body, gestation myths, substances contained in breast milk, immune system and others.

With regard to health education, it is important to find fields and care possibilities, a health production that creates educational proposals, pedagogical practices of problematization and dialogues that connect knowledge techniques and relationships that articulate knowledge capable of forming empowered and active subjects in the interaction on health promotion and disease prevention. This exchange is fruitful in strengthening the desire to work with critical subjects about health and its determinants¹⁵.

The creation of groups to promote the dissemination of health practices can be a transformative action in order to rethink ways of care and production of health in the field, as well as to work on the foundations of health promotion, selfcare, empowerment and theoretical and conceptual assumptions on popular and health education. The group atmosphere is favorable to the sharing of feelings and knowledge, namely, that the subject, after birth is inserted in a social context, of interaction and informationsharing, that can provoke the strengthening of knowledge in different ways and weave propositions regarding the future¹⁶.

A group is characterized by a set of subjects united by a same occupation and aim. It assigns meaning to what one wants to achieve. Although the participants of a group are constituted of values, principles and attributes, the group itself is endowed with its own characteristics. In the group, the approaches do not occur in a disconnected way, but in the perspective of broadness, of collectivism. The group is mediated by a facilitator, who involves its members and is moved by humanistic feelings of reverence and naturality⁴.

Among other intentions, the group emphasizes the function of subsidizing people through mutual help, performing activities, integration, working relationships and offering relaxation from the concentrated therapies. In the group, the format can be cultivated by the facilitator himself, and can be altered along the way as other objectives can be founded by the components, given the needs identified over time⁴.

It is confirmed that learning in/with a group is connected to the cohabitation and adhesion of its members as also the integration of its mediators/coordinators. The process of the conducting moments of the subjects happens dynamically and flexibly, and everyone becomes part of the care process, interacting naturally with the proposed activities. Sharing experiences in a group favors the participant to overcome inherent problems in real-life situations, which conventional treatments are not always able to answer¹⁷.

In this sense, the group space is a facilitator for the performance of innovative circular and relational strategies that motivate the appropriation of the empirical and scientific generated knowledge. Health professionals, by contemplating health education and reorientation necessities of professional practices, need to appropriate themselves of the scenario of knowing-doing-thinking health, the possibility of thinking on participatory methodologies as potential ways of using the promotion of health and care, in an inventive, creative and differentiated way¹⁷.

Group work is perfect to enliven discussions that transcend the technical and biomedical contents in the public health scenario. Besides directing on these knowledges, the focus on the aspects closely related to the behavior and subjectivity of the subject is accurate in a comprehensive and singular way. In this setting, the mediator can use simpler methods, such as dialogic action, sensitive listening, creative presentations, discussions on health education, dynamics, corporal practices, dramatization, complementary therapies and games, as well as more specific methods that favor the development of the subjects and the appropriation of the esteemed knowledge.

The concluding dynamics was an evaluation of the moment, with the use of cardboard signs saying what the participants thought of the group, symbolized with the thumbs-up or down symbol. It was notorious that all said they liked the meeting and enjoyed it hugely, considering it dynamic, attractive and different. Thus, all raised the thumbs-up sign.

Therefore, we corroborate, in this study, about the meetings, approximations, recognitions and interactions in the care groups in the context of health, how they materialize within a system, with networks raising the complicity between the subjects and approximations of meanings and contribution to common objectives.

The actions that pass through these networks are endowed with proper belonging to receive a specific designation. To refer to them, there are nominations of meanings, the first being titled socio-human networks (the constituent subjects of civil society); socio-institutional networks (relation of these subjects with the formal entities); and socio-technical networks (which permeate the internal environment of formal organizations and institutions). In this interior and in the surrounding and particular movement of the networks, meanings and feelings are raised and mediated as to those inherent in moral, emotional and affective factors. These factors are responsible for the development of relationships, focusing on the organization of space and the users' resourcefulness, through reflection, action and belonging¹⁸.

Therefore, it is mandatory to facilitate the understanding of the functionality and operation of these networks, realizing that the users will be influential actors, who will experience the emerging conflicts, positions and interests in this group. Likewise, their collaboration and participation in the active intervention of public actions will reverberate importantly¹⁸.

FINAL CONSIDERATIONS

The Circle is a space for meeting and discovering the other as a subject, with aspirations, feelings and experiences that need to be revealed through dialogue in the group, participation in the discussions, exchange of knowledge and experiences.

This dive into the vocabulary universe of a very particular group of women allowed the interns to interact in the process, helping them to define the starting point so that the generating theme of this group could be developed, linked to the idea of interdisciplinarity and underlying to the holistic notion of promoting integration of the technical knowledge in health with human subjectivity, through the extension of the clinic to open the knowledge of the people and make them participants in their care projects.

This study also points out that the multiprofessional residency in health is an intercessory space for the development of actions through active technologies in health, as it facilitates the meeting of the members of the residency through the center and fieldseminars, tutorials, theoretical classes, field activities building relationships and interactions between them. Thus, during this moment of relationships and interactions, the use of these technologies, as a way to foster care practice, is seen as a necessity to be discussed by the participant group and incorporated into the daily activities of each professional.

Consequently, we perceived the importance of participatory methodologies in the context of health, to mediate group meetings, to be guided by communicative actions, with humanitarian practices of strengthening ties and openness to knowledge of the world, to the needs and possibilities of intervention. What emerges for the participants in this study is the dimension of prior contact, attention, exchange of desires and concerns, mutual support, complicity, interaction, socialization and the sensitive reception with effective linkages between professionals and participants, between the participants and the awakening to the later intimacy between mother and child.

As far as the interns' education is concerned, it should be emphasized that it goes beyond a specific perspective, since it is triggered by spaces in which actors dialogue about lifelong education in order to contribute to the development of competencies so that the health professionals can act in the scenarios of the UHS. This action has implications for the users, in the qualification and incorporation of behaviors and postures indispensable in everyday life, where care guidelines and principles, which should prioritize the dimension of humanization and human dignity, are established.

The practical conception of reception, respect, consideration of the other, dialogue, attention and sharing of knowledge are indispensable factors to meet social and health needs and thus fulfill

in fact and by law the essence of the concept of integrality in health, as the action itself, in the production of care, which is a, ethical, political and humanvalue.

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Article submitted on 1/29/2017

Article approved on 03-20-2017

Article posted in the system on 6/29/17