

Weaving affections: therapeutic encounters and integrative practices in elderly care

Tejiendo afectos: encuentros terapéuticos y prácticas integradoras en el cuidado de personas mayores

Tecendo afetos: encontros terapêuticos e práticas integrativas no cuidado ao idoso

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Abstract

This study aimed to analyze how affection and care strengthen the therapeutic bond and promote the visibility of Integrative and Complementary Practices (PICs) in the Extension Program "Knowledge and Creative Practices in Health" (Procriar/UERJ), with special attention to the elderly. This is a qualitative, descriptive, and analytical study, whose data were collected in 2022 through participant observation, semi-structured interviews, and document analysis, with participants divided into three groups: professionals, volunteer therapists, and those receiving care. The data were analyzed using Content Analysis and Contrastive Analysis. The results showed that gestures such as welcoming, sensitive listening, therapeutic touch, and recognition of individuality go beyond technique, configuring themselves as relational pillars capable of generating trust and emotional comfort. For the elderly, these elements acquired a broader meaning, mitigating loneliness and fragility and restoring dignity and belonging. It is concluded that affection and care constitute central epistemological and therapeutic dimensions that humanize care and legitimize Integrative and Complementary Practices (PICs) as effective strategies for comprehensive care in old age.

Descriptors: Affection; Care; Integrative and Complementary Practices; Therapist-Patient Relationship; Elderly.

Resumén

Este estudio tuvo como objetivo analizar cómo el afecto y el cuidado fortalecen el vínculo terapéutico y promueven la visibilidad de las Prácticas Integrativas y Complementarias (PIC) en el Programa de Extensión "Conocimientos y Prácticas Creativas en Salud" (Procriar/UERJ), con especial atención a las personas mayores. Se trata de un estudio cualitativo, descriptivo y analítico, cuyos datos se recopilaban en 2022 mediante observación participante, entrevistas semiestructuradas y análisis de documentos, con participantes divididos en tres grupos: profesionales, terapeutas voluntarios y personas atendidas. Los datos se analizaron mediante Análisis de Contenido y Análisis Contrastivo. Los resultados mostraron que gestos como la acogida, la escucha atenta, el toque terapéutico y el reconocimiento de la individualidad van más allá de la técnica, configurándose como pilares relacionales capaces de generar confianza y bienestar emocional. Para las personas mayores, estos elementos adquirieron un significado más amplio, mitigando la soledad y la fragilidad, y restaurando la dignidad y la pertenencia. Se concluye que el afecto y el cuidado constituyen dimensiones epistemológicas y terapéuticas centrales que humanizan el cuidado y legitiman las Prácticas Integrativas y Complementarias (PIC) como estrategias efectivas para la atención integral en la vejez.

Descriptores: Afecto; Cuidado; Prácticas Integrativas y Complementarias; Relación Terapeuta-Paciente; Persona Mayor.

Resumo

Objetivou-se analisar como a afetividade e o cuidado fortalecem o vínculo terapêutico e promovem a visibilidade das Práticas Integrativas e Complementares (PICs) no Programa de Extensão Saberes e Práticas Criativas de Saúde (Procriar/UERJ), com especial atenção à pessoa idosa. Trata-se de um estudo qualitativo, descritivo e analítico, cujos dados foram coletados em 2022 por meio de observação participante, entrevistas semiestructuradas e análise documental, com participantes divididos em três grupos: profissionais, terapeutas voluntários e assistidos. Os dados foram analisados mediante Análise de Conteúdo e Análise Contrastiva. Os resultados evidenciaram que gestos como acolhimento, escuta sensível, toque terapêutico e reconhecimento da singularidade ultrapassam a técnica, configurando-se como pilares relacionais capazes de gerar confiança e conforto emocional. Para os idosos, tais elementos adquiriram significado ampliado, mitigando solidão e fragilidade e resgatando a dignidade e o pertencimento. Conclui-se que a afetividade e o cuidado constituem dimensões epistemológicas e terapêuticas centrais, que humanizam o atendimento e legitimam as PICs como estratégias efetivas para o cuidado integral na velhice.

Descriptores: Afetividade; Cuidado; Prácticas Integrativas e Complementares; Relação Terapeuta-Assistido; Pessoa Idosa.



Introduction

This article analyzes the universe of affectivity and care, exploring how these elements contribute to strengthening the bond between therapists and those they assist, especially elderly people, based on the perceptions of participants in the Extension Program "Knowledge and Creative Practices in Health" (Procriar/UERJ), which constitutes the locus of this research.

The World Health Organization (WHO), in establishing the Traditional Medicine/Complementary and Alternative Medicine (TCAM) Programme in partnership with Member States, proposed a broader and more humanized policy, recognizing that the biomedical-technological model, by itself, was not capable of fully meeting the health needs of the population¹. This limitation becomes even more evident in the care of the elderly, whose complexity demands more comprehensive approaches.

In this context, the relationship with the elderly person becomes central, since this population experiences physical, emotional, and social fragilities that are often made invisible by the traditional biomedical model. The elderly person needs expanded listening, affective support, and therapeutic practices that recognize their life history and subjectivity. Integrative and Complementary Practices, by valuing touch, presence, and respect for individuality, constitute powerful tools for restoring autonomy and promoting well-being^{2,3}.

After two decades of WHO recommendations, Brazil incorporated these guidelines and, on May 3, 2006, established the National Policy on Integrative and Complementary Practices (PNPIC) within the Unified Health System⁴. The creation of this policy represented a milestone for health, expanding the recognition of the bioenergetic/vitalist model and revealing new perspectives on the body and human experience, essential elements for the comprehensive care of the elderly.

With the institutionalization of the PNPIC (National Policy on Integrative and Complementary Practices), the appreciation of the multidimensionality of the human being, understood as a biopsychosocial-spiritual subject, was consolidated in the country⁵. This approach has allowed for the reshaping of care practices, favoring affectionate and humanized actions, which are fundamental in serving the elderly population, who frequently face vulnerabilities and specific emotional needs.

The official recognition of Integrative and Complementary Practices (PICs) established a new paradigm in healthcare, based on affection, listening, and valuing emotions and existential dimensions, aspects already advocated by scholars such as Ardoino⁶ and Morin³. This perspective encouraged professionals to adopt a more humanistic approach, recognizing feelings, subjectivities, and spiritual dimensions as fundamental components in the therapist-client relationship, especially when the client is elderly^{3,6}.

Given this context, this research sought to answer the following question: "How do affection and care contribute to strengthening the therapist-client relationship and giving visibility to Integrative and Complementary

Practices (PICs), particularly in the care of the elderly?". This question defined the central objective of the study, which is: to identify and analyze the situations in which therapists and clients of Procriar/UERJ recognize affection and care as forms of welcoming and strengthening the bond, contributing to the visibility of Integrative and Complementary Practices in the context of aging.

Methodology

This is a qualitative, descriptive, and analytical study of an original nature. The methodological approach is based on an interpretative perspective, suitable for investigating complex social phenomena in their depth and specific context. This choice allows us to capture the subjective nuances, meanings, and relational dynamics inherent in the practices of affection and care, central aspects of this investigation⁷.

The study setting was the Extension Program "Knowledge and Creative Practices in Health" (Procriar/UERJ), in 2022, a space that integrates Integrative and Complementary Practices (PICs) with the conventional approach to health. The principal researcher, who also works as a volunteer therapist in the program, drew on her practical experience to formulate the research question, seeking to understand more deeply the relationship between therapists and those they assist.

From a literary standpoint, qualitative research has consolidated recognition in the scientific field. As Gibbs⁸ points out, this approach should not be understood merely as "non-quantitative research," but as an autonomous field, endowed with multiple identities, whose objective is to understand, describe, and sometimes explain social phenomena from an internal and contextualized perspective. In this type of investigation, information can be collected through different instruments, such as observation, interviews, questionnaires, focus groups, photographic records, workshops, or audiovisual materials. In the present study, this multiplicity of strategies proved particularly suitable to the research locus, Procriar, a space that integrates integrative and complementary practices to allopathic medicine, historically hegemonic in the Western context.

The participants were composed of three groups: Service professionals (managers, nurses, and nursing technicians); Volunteer therapists (psychologists, physicians, and other therapists), sometimes referred to as professionals, sometimes as social actors; and those receiving care, identified as patients in the daily routine of the service.

Data collection in qualitative research can rely on six main sources: documents, archival records, interviews, direct observation, participant observation, and physical artifacts. In this study, the set of primary and secondary information - including documents, narratives, observations, and photographic records - was obtained by combining these sources, favoring a more comprehensive and consistent understanding of the reality investigated⁹.

Given the inherent complexity of the study, especially in the context of Procriar and the themes of



affectivity and care, the data analysis was guided by two methodological frameworks: Content Analysis, according to Bardin¹⁰, and Contrastive Analysis, as proposed by Burnham¹¹. These methods made it possible to organize, interpret, and compare the collected information, revealing meanings, tensions, and singularities present in the daily life of the program.

This study was approved by the Research Ethics Committee of the State University of Rio de Janeiro, under opinion number 6.245.981, fully complying with the ethical guidelines and standards of Resolution No. 466/2012 of the National Health Council.

Results and Discussion

The results obtained through the analysis of interviews, participant observations, and documentary records carried out in the context of Procriar/UERJ showed that affection and care constitute fundamental pillars in the interaction between therapist and client. This perception emerged recurrently in the analyzed discourses: both therapists and participants reported that gestures such as welcoming, therapeutic touch, attentive gaze, and sensitive listening go beyond the technical sphere of care, configuring themselves as resources capable of generating bonding, promoting emotional comfort, and favoring the integrality of care.

When specifically observing the participation of older adults, these elements become even more pronounced. Many older adults reported that therapeutic care represents, in addition to health care, a space for affective support and recognition of their uniqueness, which is a fundamental aspect in the face of common experiences of aging, such as loneliness, frailty, reduced support networks, and experiences of social invisibility. For these participants, the therapeutic encounter restores feelings of belonging and self-worth, reinforcing the importance of the therapist's empathetic presence.

In this sense, affectivity is configured as an essential mediator of the therapeutic process with the elderly, strengthening bonds, promoting well-being, and expanding the subjective dimension of care, frequently neglected by conventional biomedical models. Thus, the relevance of integrative and complementary practices as potential strategies to humanize care and respond to the complex and multidimensional needs of the elderly population is reaffirmed.

Affectivity as a therapeutic link

The participants' accounts indicated that affection is perceived as a relational force capable of promoting well-being, trust, and emotional openness. When welcomed with empathy, those assisted - especially the elderly, who often experience vulnerabilities related to social isolation, emotional losses, functional limitations, and diminished support networks - reported feeling valued and respected in their uniqueness. This recognition contributed to the establishment of a horizontal therapeutic bond, providing the elderly with a space for expression and listening that is frequently denied to them in daily life. This perception

corroborates Maturana², who states that love, understood as the complete acceptance of the other, constitutes an essential foundation of human relationships and, therefore, of health itself.

In the context of the Procriar project, simple gestures such as smiling, hugging, touching hands, and attentive eye contact were emphasized by participants as expressions of care and recognition. For the elderly, these gestures take on a broader meaning, as they reactivate affective memories, strengthen self-esteem, and contribute to reducing anxiety and fear, feelings common at this stage of life. Although often considered irrelevant details in the traditional biomedical model, such manifestations occupy a central place in the health care of the elderly, since they act on emotional, social, and energetic dimensions that directly influence their quality of life.

This concept engages with Morin¹², proposing an ecology of action based on the integration of reason, emotion, and spirituality, recognizing care as a complex and reciprocal act. In this sense, affectivity ceases to be a complement and becomes an essential therapeutic mechanism for promoting the integral health of the elderly, contributing to their autonomy, sense of belonging, and overall well-being.

Care as a practice of love and recognition

Observations made during therapy sessions revealed that care is experienced as an active, sensitive, and compassionate presence, expressed both through the technique and the therapist's attitude. The preparation of the environment, the use of essential oils, the organization of materials, respectful silence, and attentive touch demonstrate an intentionality focused on the holistic care of the person being assisted. In the case of elderly people, these elements become even more significant, as they contribute to creating a space of safety and trust, essential factors for those who frequently face physical, emotional, and social vulnerabilities.

Reports show that care goes beyond physical and energetic practices, such as Reiki, aromatherapy, auriculotherapy, and therapeutic massage; it includes attention to the life stories, concerns, and expectations of those being cared for. For the elderly, this expanded and respectful listening serves as an important therapeutic resource, allowing for recognition and appreciation of their life journey and strengthening their autonomy. This form of care expresses the principles of the bioenergetic-vitalist paradigm, which understands the human being in their physical, emotional, mental, and spiritual entirety, breaking with the fragmented vision typical of the Cartesian-Newtonian model still dominant in the care of elderly people^{10,11}.

From this perspective, Ardoino⁶ and Roselló⁵ affirm that care involves an ethics of alterity, in which the other is perceived as a subject of knowledge and experiences. This stance was clearly observed among the volunteer therapists of Procriar, especially in their care for the elderly, as they demonstrated genuine attention to their overall well-being. This attitude strengthened bonds of trust, reciprocity, and



acceptance, constituting an essential pillar for the effectiveness of Integrative and Complementary Practices in promoting the health of the elderly.

Affection and care as a means of visibility for integrative practices

One of the most significant findings of this research was the recognition that affection and care also function as important strategies for making Integrative and Complementary Practices visible. Differing from the traditional biomedical model, these practices gain legitimacy precisely because they highlight humanistic, relational, and sensitive values, capable of reconnecting the act of caring to the dimension of feeling. This aspect becomes even more evident in the care of the elderly, who often experience loneliness, emotional loss, and weakening of social bonds, and find in PICs a space of acceptance and re-signification.

Those receiving care reported perceiving the service at Procriar as a space of "healing through presence," in which active listening, sensitivity, and individualized attention create an environment of trust, spirituality, and emotional support. For the elderly, this environment becomes especially therapeutic, as it promotes emotional and energetic self-regulation, while reinforcing feelings of belonging and dignity. This experience aligns with the concept of expanded health advocated by the National Policy on Integrative and Complementary Practices (PNPIC), which understands health not only as the absence of disease, but as a state of dynamic equilibrium between body, mind, and spirit⁴.

Thus, affectivity is consolidated as a symbolic and therapeutic mediator between traditional knowledge and scientific knowledge, strengthening the legitimacy of Integrative and Complementary Practices (PICs) in the academic and institutional fields. By reclaiming the value of human connection, sensitive listening, and attentive care, especially in the care of elderly people, Procriar demonstrates that therapeutic practice can, and should, be permeated by affection as an epistemological and ethical dimension of care.

Subtlety as power in caregiving

The results from the analysis of interviews, participant observations, and documentary records from Procriar/UERJ show that, in the care of elderly people, affection and bonding constitute central dimensions for building the therapist-client relationship. This understanding aligns with gerontological literature, which highlights the role of affection and intersubjectivity in promoting well-being in old age and strengthening humanized care^{13,14}.

The analyzed accounts demonstrate that, for the elderly population, elements such as welcoming, therapeutic touch, attentive gaze, and sensitive listening acquire enhanced value, as they contribute to minimizing feelings of loneliness, increasing emotional security, and promoting active participation in the therapeutic process, aspects widely recognized in policies for the care of the elderly and in Integrative and Complementary Practices^{4,15}.

Thus, the affective gestures observed in the context of integrative practices go beyond the technical-procedural dimension of care and are configured as powerful relational technologies, capable of promoting comfort, presence, and therapeutic meaning for older people, which is also advocated by authors who address comprehensiveness and humanization in the Brazilian Unified Health System (SUS)^{16,17}.

Conclusion

This research has shown that affection and care, when experienced authentically and consciously, transcend the realm of emotions to become epistemological principles of healthcare practice. In the context of Procriar/UERJ, these dimensions proved especially significant for the elderly population, who find in these integrative practices a space for acceptance and recognition of their histories, vulnerabilities, and potential. Among the elderly, often marked by loneliness, socio-affective losses, and institutional invisibility, the affective bond becomes an essential part of the therapeutic experience, strengthening the sense of belonging and promoting overall well-being.

The study demonstrated that care is not limited to technical skills but is rooted in the sensitive and loving presence of the therapist, who recognizes the other, especially the elderly person, as a unique individual in their healing process. The results showed that affection acts as a relational and therapeutic mediator, strengthening the alliance between the individuals involved in the care process. Simple gestures, such as empathetic listening, attentive gaze, respectful touch, and the gentleness of calling the elderly person by name, were perceived as concrete expressions of care and, often, as restorative experiences in the face of trajectories marked by neglect or inattention in traditional services.

These findings reaffirm that such gestures carry healing power by promoting balance in the physical, emotional, mental, and spiritual dimensions, a principle that directly aligns with the vitalist paradigm advocated by Integrative and Complementary Practices. For the elderly, these practices not only alleviate symptoms but also activate affective memories, stimulate autonomy, and restore dignity that is often weakened by social aging.

By highlighting the centrality of affectivity and care, this study also contributes to the visibility and legitimization of Integrative and Complementary Practices (PICs) in the academic and institutional fields, demonstrating that these practices offer effective paths to humanization and comprehensiveness, especially in the care of the elderly. In opposition to fragmented biomedical rationality, the integrative paradigm proposes a broader view of the human being and the health-disease process, in which the affective bond is a fundamental part of the treatment. Thus, therapeutic practice ceases to be merely a procedure and becomes an encounter - relational, ethical, and political - reaffirming the commitment to the dignity and uniqueness of the elderly person served.

Within the Procriar program, the encounters between therapists and those receiving care, including many



elderly individuals, have proven to be spaces for exchange, listening, and reconstruction of meaning, where care is expressed in subtle gestures that carry transformative power. This experience shows that attentive and loving presence is, in itself, therapeutic, and that the true act of caring involves recognizing and honoring the other person's life journey. For elderly people, this recognition is even more significant, as it reactivates feelings of value and belonging.

It is stated that "healing encounters" are manifestations of the creative power of care and affection,

capable of generating health, meaning, and belonging, especially in old age. The study reinforces the need to incorporate these dimensions into formative and care practices in health, especially those guided by Integrative and Complementary Practices, broadening the perspective on the care of the elderly in their entirety. Thus, Procriar stands out as a space where science and sensitivity walk hand in hand, weaving a network of loving-kindness that humanizes care and reaffirms the value of life in all its complexity and longevity.

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