



GLOBAL JOURNAL OF HUMAN-SOCIAL SCIENCE: A
ARTS & HUMANITIES - PSYCHOLOGY
Volume 21 Issue 15 Version 1.0 Year 2021
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-460X & Print ISSN: 0975-587X

Community Bonding: Experience Report of Online Groups with Elderly People

By Eduarda Vieira Cardoso, Ester Dias de Brito & Máira Marchi Gomes

Federal University of Santa Catarina

Abstract- In times of social isolation necessary as a sanitary measure to prevent wider spread of the coronavirus, the elderly were particularly affected. This article aims to detail an internship experience in creating and facilitating online reflexive groups open to elderly who were previously regulars in an institution linked to the city hall, that had its physical space transformed into a screening center for coronavirus patients. These groups happened via *whatsapp*, and each had about 8 meetings. Our original goal was to create and maintain strong bonds between peers, healthcare providers and the institution itself. The groups had mostly positive feedback and themes discussed varied, ranging from gender issues, ageism, technology, intergenerational bonding, the pandemic, grieving and loss.

Keywords: *elderly, online group, police psychology, citizen police, covid-19 pandemic.*

GJHSS-A Classification: *FOR Code: 940199*



COMMUNITY BONDING EXPERIENCE REPORT OF ONLINE GROUPS WITH THE ELDERLY PEOPLE

Strictly as per the compliance and regulations of:



© 2021. Eduarda Vieira Cardoso, Ester Dias de Brito & Máira Marchi Gomes. This research/review article is distributed under the terms of the Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0). You must give appropriate credit to authors and reference this article if parts of the article are reproduced in any manner. Applicable licensing terms are at <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

Community Bonding: Experience Report of Online Groups with Elderly People

Eduarda Vieira Cardoso ^α, Ester Dias de Brito ^σ & Maíra Marchi Gomes ^ρ

Abstract- In times of social isolation necessary as a sanitary measure to prevent wider spread of the coronavirus, the elderly were particularly affected. This article aims to detail an internship experience in creating and facilitating online reflexive groups open to elderly who were previously regulars in an institution linked to the city hall, that had its physical space transformed into a screening center for coronavirus patients. These groups happened via *whatsapp*, and each had about 8 meetings. Our original goal was to create and maintain strong bonds between peers, healthcare providers and the institution itself. The groups had mostly positive feedback and themes discussed varied, ranging from gender issues, ageism, technology, intergenerational bonding, the pandemic, grieving and loss.

Keywords: *elderly, online group, police psychology, citizen police, covid-19 pandemic.*

I. OLD AGE AND AGING

The elderly have not always been at the center of academic literature, the last 60 years being the most prolific in scientific productions and theories about aging, greatly influenced by the mostly global phenomenon of population-aging (Neri, 2013). Thus, we seek to explore and reflect on the experiences regarding the creation and facilitation of online groups with elderly women, in a context of preventive psychology via the civil police of Santa Catarina in the face of the COVID-19 pandemic.¹

Author α σ: Undergraduate student at the Department of Psychology, Federal University of Santa Catarina, Brazil.

e-mails: cardosoeduardav@gmail.com, esterddbrito@gmail.com

Author ρ: Graduated in Psychology (Federal University of Paraná), Doctor in Psychology at Federal University of Santa Catarina. Master in Social Anthropology in Federal University of Santa Catarina.

e-mail: mairamarchi@gmail.com

¹ Police Psychologist (CRP12/05448) at the Civil Police of Santa Catarina. Professor at Faculdade Estácio de Sá - Florianópolis. Graduated in Psychology (Federal University of Paraná), Doctor in Psychology at Federal University of Santa Catarina. Master in Social Anthropology in Federal University of Santa Catarina. Specialist in Mental Health, Psychopathology and Psychoanalysis (Union of the Pontifical Catholic University - Paraná), Chemical Dependence (Union of the Pontifical Catholic University - Paraná), Criminal Law and Criminology (Federal University of Paraná), Legal Psychology (Union of the Pontifical Catholic University - Paraná), in an Interdisciplinary Panorama of Child and Adolescent Law (Union of the Pontifical Catholic University - Paraná) and in Justice System: mediation, conciliation and restorative justice (UNISUL). Member of the Laboratory of Psychoanalysis, Creative Processes and Political Interactions (Federal University of Santa Catarina), Laboratory for the Study of Violence (UFSC), Research Group for the Justice System and Restorative Justice (Federal University of Santa Catarina) and of the Research Group at the Center for the Study of Drug Addiction Dr.

Therefore, we start from the Paul Baltes Lifespan theory and the theory of Selection, Optimization and Compensation (SOC) to explore certain concepts concerning old age and aging (apud Neri, 2006). For a long time, development theories neglected the old age phase or considered it only as synonymous with decline, seeing development as productivity and growth only. With Lifespan theory, also called lifelong developmental paradigm, Paul Baltes locates old age as one more stage of development. Furthermore, it postulates that each of these phases are permeated by gains and losses, and that to balance them we use Selection, Optimization and Compensation mechanisms (SOC theory). Such mechanisms refer to the internal and external resource management strategies that we use throughout our lives to achieve goals and reduce losses. For example, as we get older and our eyesight becomes “tired”, we will most likely need to use eyeglasses for compensation.

It is important to differentiate the concepts: aging is the process that occurs naturally throughout life, while old age is one of the stages of life (Neri, 2006). Also, the elderly are people aged 60 years or more who, due to certain characteristics, fit into this life stage (WHO, 2005; Neri, 2013).

Thus, despite the relative scarcity of studies on old age and the aging process, there are several intervention strategies with the elderly public, one of them being the experience reported in this article, and mainly the institution that served as the research field for this essay. It is a service linked to the city hall in the state of Santa Catarina, Brazil, and aims to promote socialization among its users. As it is an institution dedicated to serving the elderly, it seeks to contribute to healthy aging by promoting autonomy, strengthening bonds, and preventing situations of social risk. This space offers workshops ranging from gymnastics and dance classes, to computer and Italian classes, and from 2021 onwards, it also has reflective groups managed by the psychology team.

a) *The pandemics and the elderly population*

Due to the COVID-19 pandemic, there was an interruption of the in-person workshops offered by the institution, especially considering that the elderly

Claude Olievenstein (Federal University of Rio de Janeiro); Brazil <http://lattes.cnpq.br/0135294883620218>; mairamarchi@gmail.com

population is a risk group for the coronavirus (Ferreira, 2021). Thus, as part of the city's contingency plan, the institution's physical space was transformed into a screening center for coronavirus patients.

Dourado (2020) challenges the understanding of the elderly population as a risk group, questioning this categorization as a whole, given the understanding that this nomenclature brings to surface a double problem. As a first immediate effect, there is a reinforcement of the frailty stereotypes associated with old age and the consequent conception of the need for guardianship of the State, society and families; thus, old age is associated with a phase of loss, decline and curtailment of autonomy. Furthermore, a false sense of security is created for those not categorized as a risk group, regardless of their individual behavior and background.

It is in this scenario that, as a way of re-establishing some activities, the institution starts to function remotely, using mainly *Whatsapp* and phone calls as contact tools. Then, in 2021, the psychology service of a commissariat for the protection of women, children, adolescents and the elderly, which operates in the same city, starts a partnership with the institution. This partnership was the starting point for the creation of an online group model.

This project becomes especially necessary at a time of pandemic, given the possible damage - especially psychological - due to the physical distance needed to mitigate the effects and risks of the pandemic and decrease the numbers of deaths. Valentim (2020) is emphatic in suggesting that we replace the term social distancing by *physical distancing*, since, in a time of fear and anxiety like the one we live in, it is interesting to choose to strengthen social ties through possible means, and not the other way around. Thus, group strategies that promote virtual meetings become important and significant, especially for the elderly population, since it is estimated that this group will be particularly affected by the pandemic, as well as the means used to protect ourselves from it. The project described in this essay becomes, then, a possible community space used to mitigate said effects.

II. POLICE

The civil police, as described in the Constitution of the Federative Republic of Brazil (1998), deals with the investigation of criminal offenses (except for the military), as well as assuming the role of legal police. It is part of public security, which has the following agencies: federal police, federal highway police, federal railway police, civil police, military police and military fire brigades, federal, state and district criminal police. In addition, according to the Constitution of the State of Santa Catarina (1989), the civil police is also responsible for carrying out administrative traffic services,

supervising private security services, controlling the ownership and use of weapons, ammunition, explosives and other controlled products and the surveillance of games and public entertainment.

The precinct to which this work refers, is a specialized civil police commissariat for the Protection of children, adolescents, women and elderly. It is important to emphasize that for adult women, not all crimes committed against them are investigated by the aforementioned commissariat, only those related to gender, such as sexual and domestic violence (Oliveira & Ghisi, 2019).

a) *Police Psychology and Citizen Police*

The career of police psychologist is one of the four options within the civil police in the state of Santa Catarina, namely: Police Chief, Police Officer, Police Clerk and Police Psychologist (Polícia Civil, 2021). As specific attributions, the police psychologist is responsible for assisting people in situations of violence, conducting interviews, *acolhimentos*² and referrals. Such referrals refer to the possibilities available to the person, - a victim of violence - in question, related to health services and legal issues (Sousa, 2019; Souza & de Faria, 2017; Nobrega et al., 2018). *Acolhimento* is seen as a very important aspect, as it is the initial qualified listening that gives access to other services and defines the victim's continuation in the system (Conselho Federal de Psicologia, 2012).

At the commissariat aforementioned, another attribution performed by the psychologists is the facilitation of reflective groups with the target audience served by the police unit. Groups with women victims of violence, men perpetrators and adolescents in conflict with the law have already been offered. Due to the pandemic, these groups had to be discontinued and only the men's group was transposed to the online format. In 2021, for the first time, online groups were also offered with elderly people in partnership with the city hall, as mentioned above.

Historically, the police institution has been and it is linked to a punitive logic, focusing on fact-finding. In this traditional mode of operation, as Bengochea, Guimarães, Gomes and Abreu (2004) describe, strength is the main (and often the only) intervention instrument, routinely used in an indiscriminate, arbitrary and commonly and commonly on the fringes of legality way. Thus, the internship experience served as a space for echoing the question asked by the authors: "Is it possible to have a different police force in a democratic society?" (p. 119).

² Word in Brazilian Portuguese with no possible literal translation to English. It is one of the guidelines in the National Humanization Politics (Ministério da Saúde, 2013) and is part of Brazil's healthcare public system policy, defined as qualified listening of the healthcare system's user, implying them on the health-illness process and giving them autonomy and protagonism in the therapeutic process.

Although this is not a question with a simple and single answer, both literature and practical experience point to a shift in the modes and objectives of police action. Instead of authoritarianism in search of maintaining a social order, the aforementioned authors suggest bringing communities closer together, so that the police focus on guaranteeing and enforcing the fundamental rights of citizens. In this logic, mediation and negotiation are established as the main intervention mechanisms.

Thus, the "citizen police" perspective emerges, proposing a new logic through "closer and more intense activities with the community, aimed at reducing violence and crime and/or their effects in line with human rights" (Nobrega, Siqueira, Turra, Beiras & Gomes, 2018, p. 153). Moreover, the police psychologist is in a hybrid position, in which it is necessary to make a professional and ethical commitment not only to the public police officer career they hold, but to psychology as a science and profession.

The online group, as a result of the partnership between the city hall's elderly care service and the commissariat, comes in line with the notion of "citizen police", through the promotion of care, strengthening of bonds and prevention of violence. In addition, the group fulfills an old desire of the police department's psychology service by promoting preventive interventions with the elderly population, which until then was accessed only through an investigative bias.

III. INTERVENING THROUGH GROUPS

In this context, the group is understood not only as a certain number of people gathered: Zimerman (2000) brings us some requirements to be met for it to be considered a group. The group is an entity in itself, beyond the mere sum of people, and still respects the identity and individuality of each member. Moreover, the group cannot be so large that it compromises its interactions, but there is no ideal number. It is also necessary for the group to have a space and a time previously established. Finally, an effective interaction between these members is essential. These necessary requirements by Zimerman (2000) are very similar to the five characteristics of a group created by A. Scherzer (apud. Andaló, 2006): plurality of individuals, common objectives, given space, determined time and social context.

The purposes of the group, therefore, are divided into operative and therapeutic, the first being the focus of this essay. The operative groups, created by Pichon-Rivière, are task-centered and primarily focused on clarifying issues or some form of learning. They are subdivided into institutional, community and teaching-learning. Institutional groups, as the name suggests, are linked to an institution, be it the school, the church, the

army, a company, among others. The last one is a good example, as it is common to see operating groups in companies, with the objective of achieving a social climate of harmony to increase income. Community focused groups are more commonly seen in the area of mental health, such as parents groups or pregnant women's groups. These groups are based on the concept that humans are biopsychosocial beings, and health involves both physical, psychological and social aspects. Finally, there are the teaching-learning groups, in which the focus is on learning to learn and one of the most important examples is the reflective groups.

Reflective groups are also focused on learning, but not on any topic decided a priori: it is a type of learning related to the group itself, in which members will work to overcome stereotyped roles (Zimerman, 2000; Osório, 2003; Fernandes et al., 2003).

The facilitation of groups reported here were guided by the reflective posture proposed by Tom Andersen (2002), as the facilitators are attentive to their internal dialogues. Mediation took place without a reflective team itself, given the limited number of participants in the platform used, as we will mention later. Thus, it is up to the dialogue and the collaborative posture between the facilitators to use reflective processes in group management (Labs & Grandesso, 2017). It was also inspired by the methodology of gender reflexive groups proposed by Beiras and Bronz (2016), despite the distinction of theme and the target audience - since here gender appears as a tangential point and not as a central focus of the intervention. The approach is related to the theoretical bases used, social constructionism and popular education, in addition to the *acolhimento* of a complex, ecological and systemic view of thought.

For social constructionism, language stands out as a producer of realities and, therefore, the inexistence of a single and absolute truth is understood; It starts from a non-essentialist position, taking a curious questioning of what is given as obvious. Thus, the group process, through sharing, promotes an opening to plurality and listening of different versions of reality. About popular education, we establish a dialogue with the work of Paulo Freire, seeking horizontal relationships of dialogue and exchange, with respect to the experience and knowledge built in the history of each subject. Thus, jointly constructed reflections are sought, abandoning previously established notions of knowledge and answers (Beiras & Bronz, 2016).

Although the focus of operative groups is centered around learning, they also turn out to be therapeutic in a way (Osório, 2003). The same happens with therapeutic groups, they also end up teaching something to the subjects. We understand these classifications as illustrative and didactic; in a real situation, these boundaries between one type of group and another are more blurred. However, they are

important to help the coordinator or group therapist to define the group's objective, which is essential to create appropriate goals and techniques to do quality work (Fernandes et al., 2003).

IV. METHOD

The experience reported took place in the context of mandatory internship for graduation in psychology at the Federal University of Santa Catarina (UFSC) carried out in the aforementioned specialized police station. We started from the peculiar experiences of the pandemic period and innovation proposed by the partnership between the services already described, for the elaboration of this experience report. This modality consists of accurately describing an intervention and reflecting on it, in order to contribute to the area of expertise.

As this intervention was part of an internship, two cycles of groups were carried out, lasting eight weeks each. Initially, six groups were proposed (three per semester) with six participants already attending the services provided by the city hall, totaling 36 elderly people attending the project. As a prerequisite for participation, it was necessary that the participants had access to the internet and a smartphone. Furthermore, because the meetings took place over two semesters, some seniors participated in more than one group; also with dropouts from the group, the intervention effectively had 22 participants.

It is worth mentioning that the group was open to any elderly participant that was assisted by the city hall program, until the vacancy limit was filled, but only women participated in the first round of groups. On the second, two men were present. This observation about the participant's gender is in agreement with the general population that attends the city hall program, which, in the majority, are also women, according to the service team itself.

Given the desire to establish strategies to approach the elderly public, the interns, with the authorization from the internship supervisor, established contact with the city hall. Interns were granted autonomy and freedom in the construction of the group, in terms of structure and themes. In this way, it was possible to create a project from scratch that would meet not only the academic needs of the internship, but that would maintain a certain flexibility during its course. The group's functioning was adapted to the institution's way of working online, during the pandemic, which migrated to workshops given through video conferences on whatsapp.³

From a list of names and telephone numbers provided by the city hall, the initial contact was made via

whatsapp text messages with the elderly people, available to participate in the workshops, in order to invite them to the group that did not exist until then. Three groups were formed with two facilitators and six participants, since the maximum number of people allowed in a video call through the application is eight.

The initial groups lasted for seven and eight meetings during the months of April and May of 2021, with a duration of one hour each session. The second round of groups took place in August and September, with eight meetings and extended to one hour and thirty minutes each, after the facilitators understood that the length of the meeting would be beneficial for the intervention. The session starts with a call made by one of the facilitators via whatsapp, and the standard structure of the meetings starts with a check-in, followed by circular reflective questions and check-out (Aun, Vasconcellos & Coelho, 2005).

Invariably, expectations about the field are established, and, as planning and preparation, in internal meetings took place, the facilitators listed specific themes based on the Statute of the Elderly⁴ (Lei n° 10.741, 2003) and related to the psychologist's role in the police station, such as the characterization of violence, coping and prevention strategies. However, in addition to discussion and reflection on the issues raised, the group's objective is also to promote a space for meeting and psychological care, in which the elderly could be together with their peers, in a community space, that became scarce by the pandemic. In this way, although still attentive to a priori planning, a flexible space was built, sensitive to the specificities of each context, so that the themes were centered on the demands of each group. Thus, each group has unique characteristics and specificities, constituted in the meeting of the participants.

A field diary was also made, to keep track of the frequency of participants (referred to the city hall) and to take notes during the groups. At the end of the last meeting, an informal semi-structured interview was carried out with the elderly to collect useful information for the group to continue in other semesters.

V. RESULTS AND DISCUSSION

Categorizing the thematic vastness raised through to the groups is a challenge - this was a process of panning the material collected via online field diaries and extracting what was most precious. So, as a result, we present here what it was possible to gather from the meetings we had; the products of intergenerational interaction and the construction and consolidation of bonds between peers and healthcare services in the community.

³ The use of the whatsapp messaging app is justified by its ease and low cost, as a cell phone with internet access is only what it takes for one to be able to use it

⁴ Brazilian policy that regulates elders social rights that was created by a 2003 law.

a) Gender

A first aspect of significant notoriety is the participant's gender: only one of the three facilitators was male; the other two interns, as well as the group participants were all cis-gender women. This observation reflects the data obtained through the internship experience in this field: a significant portion of the regulars of the municipal service prior to this partnership were made up of cis-gender women. As a possible outlier, the first contact list provided by the city hall had in it a name for a man. However, when we invited him to join the group, it was his wife who joined and became a participant. Only in the second round of groups did we have the participation of men, more specifically two, who were the least frequent members of the group they participated in.

A hypothesis of what may be at stake in this situation are issues of gender and masculinity, as posed by Separavich and Canesqui (2013). Through the optics of hegemonic masculinity as proposed by Connell (1997), care and health care are characteristics associated with femininity, and therefore are less frequently observed in men who want to achieve a certain model of masculinity. As stated by the authors, to adhere to gender norms of strength and virility, men do not seek primary health care and seldom access prevention and health promotion programs. When they want to take care of themselves, they focus on taking care of their bodies through physical exercise and balanced nutrition. The authors also point out that, although, in general comparison, women seek health services more than men, it is considered that the elderly population as a whole also accesses services more.

The issue of gender arises in group discussions in different ways; participants inquired about the selection of group members and whether invitations had been made to men as well. Faced with the positive response, we seek to reflect together: what are the spaces and care practices accessed by the men in the participants' lives? "They don't take care of themselves, they die and leave us alone. I had planned for us to grow old together, but I've been alone for 20 years and I hadn't prepared myself for that", said one of the participants, a widow. This quote served, then, as an opening for a discussion about the loneliness of women in old age.

Hegemonic masculinity values men based on their demonstration of sexual and labor virility (Zanello, Fiuza, & Costa, 2015). Thus, given the stereotypy of old age as a stage of life in which one does not work and does not have sex, how is elderly men's perception regarding their own masculinity? Searching for health services, attending care spaces or even talking about vulnerabilities, are actions often perceived as demonstrations of weakness and fragility.

On the other hand, this conception of masculinity has a high cost: through psychosocial

autopsies with family members of elderly people who died by suicide, Minayo, Meneghel and Cavalcante (2012) expose important questions about health, psychological distress and self-inflicted death in elderly men. From the aforementioned study, we highlight the importance of a careful look at matters of gender in interventions with elderly men, in particular in questions related to losses of important family members, the transition from the working life to retirement, cases of diagnoses of chronic or degenerative illnesses and when they have to face significant deficiencies or addictions. Even in old age, women take more care of their health and sociability: they are more likely to seek health services and tend to maintain more communicative relationships with family members and the community. In contrast, we observe men resistant to seeking help, silent in their suffering.

It's also worth noting the difference in expectations regarding the project itself in relation to male and female participants; from the women we observed hope for a nurturing space, where they could talk about their pain, difficult issues, traumas and sufferings, while the men expected a place for debate, where they could talk about objective issues related to work. "I think that at the next meeting we can talk about something else, right, we don't need to talk about ourselves all the time", one of the men said. In another group, the only male participant asked for more structured meetings with specific themes, which, according to him, could generate some concrete and measurable learning. It is worth noting that structured and formal learning is not the purpose of these groups, for their purpose is to work on the group itself and members' relationships.

Finally, Carvalho and Coelho (2006), in their analysis of depressive complaints in mature women, found results similar to what was observed in the management of groups, listing divorce, widowhood, idleness in retirement and children's growth as recurrent factors. In our meetings, these were issues commonly addressed to the different groups, associated with descriptions that can be understood as symptoms of depression, suicidal ideation and anxiety, as described below.

b) Intergenerational Bonding and Technologies

Another important aspect of the groups is the intergenerational bonding between facilitators and participants, identified as beneficial (França, Silva & Barreto, 2010). While the younger ones learn about traditions and culture, the older ones update and recycle already known ways of life and patterns. In addition, one of the important benefits for the elderly is to favor a possible delay in dependence, mainly physical, and thus reduce expenses with care and treatment (França et al., 2010).

The topic of learning in old age draws attention; during the meetings, some of the participants showed

fear and doubt about a classworkshop through a video call. We associate this apprehension with the mistaken association of old age with the stereotype of the “senile grampa/grandma”, doomed to decline and with no possibility of learning (Neri, 2006). This stereotype, in turn, is linked or has its roots in ageism: a name given to age prejudice (Oliveira Teixeira, Souza & Maia, 2018). The internship experience supports the literature on the topic, as it points to the digital sociability performed among elderly women being permeated by difficulties, limitations and distrust (Dourado, 2020; Nicolaci-da-Costa, 2005). However, as the meetings went on, the participants became more attached to the video calls, including listing them as a newly adopted form of contact with family members and other significant and intimate relationships.

From this greater attachment of the elderly to technology, it is emphasized that literacy and digital inclusion are very important in old age because of the benefits they can bring. Among this benefits is the aforementioned increase in social networks, but there is also an improvement in memory and other cognitive functions, an improvement in the performance of other daily activities such as shopping and paying bills, an increase in the social engagement of the elderly, an increase self-esteem (Alvarenga, Yassuda & Cachioni, 2019; Cipolli, Alonso, de Lima Flauzino & Cachioni, 2020; Scoralick-Lempke, Barbosa & Mota, 2012).

However, we must pay attention to the fact that, despite the increasing use of technologies and the internet, in 2017 only 1 in 4 elderly people used the internet (Fernández-Ardèvol, 2019). Furthermore, contrary to popular belief - which is permeated by ageism that the elderly and technology do not mix - factors other than age are much more important with regard to access to technology, such as class, race and sex (Fernández-Ardèvol, 2019).

It's also worth remembering that the regulars of this service are mostly exposed to some level of social vulnerability, with access to technology being something to take into account when thinking about intervention proposals. For this reason, the group meetings were carried out via *whatsapp*, as it is a platform that most of the participants were already familiar with and that required less action while handling the platform (the facilitators were the ones initiating the call). This was a point of discussion in academic supervisions, as there was a desire to expand the groups and use other audiovisual resources (such as music and videos), but that would require changing the platform used. However, once this change is made, we would probably reach fewer people or only the most privileged. A question that permeated our conversation during the creation and conduction of the project was: how to make effective and meaningful interventions with the most vulnerable populations in a pandemic, following

health and hygiene protocols and without using computers?

c) *COVID-19 Pandemic*

The pandemic appears as a core theme, mainly due to the losses that surround it: the loss of close physical contact, the loss of routine, the loss of an already impaired autonomy. In this sense, old age, which is considered by the participants as a phase in which there is freedom to act according to one's wills, to be close to the ones you love, without being tied to the shackles of work, formal employment and schedules, loses its sense in the pandemic.

These reports corroborate the findings of Ferreira (2021), that displays gender differences in beliefs about covid-19 between older men and women. The study found that older people are at greater risk during a pandemic due to isolation, loneliness and symptoms of depression. Also, Brazilian women are more prone to anxiety than men, and in comparison, elderly women adhere more to physical distancing than men. As a consequence, these women may present more symptoms and greater risks to mental health, but these can be eased by the perception of social support. The author states that mental health interventions towards this group should aim to reorganize the perception of social support, pointing to the preservation of close social networks.

This proposal is in agreement with the project proposed in this article; during the meetings, the notion of physical, but not social, distance was reinforced (Valentim, 2020), since there's the possibility to maintain virtual contact with loved ones. The group also serves as a practical example of alternative ways to establish and maintain social bonds. Furthermore, self-care and connection strategies were proposed, in an attempt to minimize the impacts of the pandemic on mental health. In addition, the group itself was designed as a space for bonding, as a strategy to minimize the loss of the feeling of community and thus reduce distance and loneliness.

d) *Mourning and Death*

At times latent, at times loud, conversations about loss and mourning were present in the meetings as the thread that sewed together all the themes discussed and guided us in the writing of this article. We came across several stories of loss, ranging from early deaths of young relatives in adverse conditions - such as the pandemic; stories of illness, hospitalization and a longer and more overt death process.

As we see old age as the finishing, declining stage of life, facing someone else's aging reminds us of our own. In our feeble attempts to deny our own finitude, we disregard their opinions, their stories, their suffering and their losses. (Santos, Faria, & Patiño, 2018). And in this process, we also silence the good parts of aging, and paint it in our heads as the worst part of life.

However, as our experience shows, becoming older comes with new experiences, new learnings, and, as in any transitional stage of life, there are losses and gains. Entering a new phase can be scary but also exciting. There is grief when their children leave home but also joy and pride in seeing them making a career, forming a new family or just simply making a life for themselves that makes them happy.

e) *Other Themes*

Other themes were also discussed, though with lesser recurrence, but by no means failing to represent very important issues. Although one of the pre established objectives of the group was to work on violence against the elderly and how they could protect themselves through the police station and other means, this theme had little resonance with the participants. When the issue of violence was raised to them, the participants themselves steered the conversation to their experiences of prejudice and ageism. We opted to touch on themes of violence then through other optics: prevention and guarantee of social rights. Thus, the group shared information about where to ask for help and what rights were guaranteed to them by the Elderly Statute (Lei n° 10.741, 2003).

Discussing a subject perceived as “tough” or “sensitive” from an angle of prevention rather than focus solely on the aftermath damage was a strategy used in other situations as well. In one of the meetings, a participant reported significant and recurrent suicidal ideation, and even though she was welcomed by the group, the issue of suicide was an specific and personal demand of the woman in question, and she was provided with individual psychological care to address it. However, mental health as a general topic was of interest and brought up by the whole group, and so it was decided to bring up the themes of self-care and prevention strategies. These group discussions were helpful for private conversations about suicidal ideation, without specifically addressing it in the group scenario.

During this particular meeting, relevant prevention and coping strategies were presented and discussed, such as social and family support, quality health care and other bonds with the community - as the local church and even the services provided by the city hall such as the one where the group took place (Figueiredo, Vieira, Mangas, Sousa, Freitas & Sougey, 2015). Thus, one can see at that time the importance of community bonds for the elderly and how the group itself has significant importance strengthening these bonds.

VI. CONCLUSIONS

In a general sense, the partnership between the city hall service that serves the elderly and the police station proved to be successful. Although the initial desire was to work on specific issues of violence

prevention, reality imposed itself and the group's desires to discuss other topics were respected and met. Even so, promoting health and meeting spaces is a possible form of prevention, as the support network of these elderly women is strengthened.

Several times, the participants thanked us profusely for being there, and for us to be willing to do our work managing the sessions. Various words used to name us drew our attention: doctors, professors, specialists - despite our claiming the role of interns. Explicitly, through working arrangements made in the first meetings, the demeanor adopted while managing the group seeks to build horizontal relationships, as we positioned ourselves as curious learners rather than specialists. We aimed to rid the sessions of notions of one-sided learning, as we constantly reinforced that, through sharing their story, their beliefs and their perceptions of the world, taught us just as much. However, perhaps due to our younger age, perhaps due to the role of university students or quasi-psychologists, we were placed in a prominent position by the participants.

Faced with this scenario, we ask: what is so special or so valuable about our work with elderly women that, in their eyes, deserves such profuse congratulations and thanks? Would it be a caring, attentive behavior towards these people, so often ignored by the academy? Thus, we highlight the need for careful and thoughtful attention to this audience that, in the words of one participant, was “left to die by the government”. In this sense, we reinforce the importance of the continuity of this project, which creates a unique space for processing and sharing one's story, as well as the main point that ties together this article: the sense of belonging and acceptance that community bonds can create.

We also reiterate the limitations of our reflection and intervention due to its exploratory and innovative character. Adaptations had to be made during the course of the project so that it was viable and could be carried out in the chaotic scenario that was and still is the pandemic in Brazil. Finally, the group, participants and work team, emphasizes the need to remain on this road, to collect the benefits of intergenerational bonding along the way and the political importance of building and defending the citizen police.

REFERENCES RÉFÉRENCES REFERENCIAS

1. Alvarenga, G. M. D. O., Yassuda, M. S., & Cachioni, M. (2019). Inclusão digital com tablets entre idosos: metodologia e impacto cognitivo. *Psicologia, Saúde & Doenças*, 20(2), 384-401.
2. Andaló, C. (2006). *Mediação grupal: uma leitura histórico-cultural*. São Paulo: Agora.
2. Aun, J. G., Vasconcellos, M. D., & Coelho, S. V. (2005). *Atendimento sistêmico de famílias e redes sociais*. Belo Horizonte: Oficina de Arte e Prosa.

3. Beiras, A., & Bronz, A. (2016). *Metodologia de grupos reflexivos de gênero*. Rio de Janeiro: Instituto Noos.
4. Bengochea, J. L. P., Guimarães, L. B., Gomes, M. L. & Abreu, S. R. (2004). A transição de uma polícia de controle para uma polícia cidadã. *São Paulo Perspec.* 18(1), 119-131.
5. Carvalho, I., & Coelho, V. (2006). Mulheres na maturidade e queixa depressiva: compartilhando histórias, revendo desafios. *Psico-USF*, 11(1), 113-122.
6. Cipolli, G. C., Alonso, V., de Lima Flauzino, K., & Cachioni, M. (2020). Pandemic of COVID 19 and old adults Brazilians: a reflection on social isolation, infoexclusion, infodemia and idadism. *Revista Kairós: Gerontologia*, 23, 355-364.
7. Connell, R. W. (1997). La organización social de la masculinidad. In: T. Valdés & J. Olavarría (Ed.). *Masculinidad/es: poder y crisis*. Santiago, Chile: Andros Ltda.
8. Conselho Federal de Psicologia (2012). *Referências técnicas para atuação de psicólogas (os) em Programas de Atenção à Mulher em situação de Violência*. Brasília.
9. Constituição do Estado de Santa Catarina de 1989. Recuperado de http://www.alesc.sc.gov.br/sites/default/files/CESC_2021_-_80_emds.pdf em abril de 2021.
10. Constituição da República Federativa do Brasil de 1988. (1998). Brasília.
11. De Oliveira Teixeira, S. M., de Souza, L. E. C., & Maia, L. M. (2018). Ageísmo institucionalizado: uma revisão teórica. *Revista Kairós: Gerontologia*, 21(3), 129-149.
12. Fernandes, W. J.; Svartman, B. & Fernandes, B. S. (2003). *Grupos e configurações vinculares*. Porto Alegre: Artmed.
13. Fernández-Ardèvol, M. (2019). Práticas digitais móveis das pessoas idosas no Brasil: dados e reflexões. *Panorama Setorial da Internet*. Recuperado de <https://www.cetic.br/publicacao/ano-xi-n-1-praticas-digitais-moveis-pessoas-idosas/>
14. Ferreira, H. G. (2021). Gender Differences in Mental Health and Beliefs about Covid-19 among Elderly Internet Users. *Paidéia (Ribeirão Preto)*, 31.]
15. Figueiredo, A. E. B., Silva, R. M. D., Vieira, L. J. E. S., Mangas, R. M. D. N., Sousa, G. S. D., Freitas, J. S., ... & Sougey, E. B. (2015). É possível superar ideações e tentativas de suicídio? Um estudo sobre idosos. *Ciência & Saúde Coletiva*, 20, 1711-1719.
16. França, L. H. D. F. P., da Silva, A. M. T. B., & Barreto, S. L. (2010). Programas intergeracionais: quão relevantes eles podem ser para a sociedade brasileira? *Revista Brasileira de Geriatria e Gerontologia*, 13(3), 519-531.
17. Labs, M. S., & Grandesso, M. (2017). Processos Reflexivos: ampliando possibilidades para terapeutas que atendem sem equipe. *Nova Perspectiva Sistêmica*, n. 58, 98-113,
18. Lei nº 10.741, de 1º de outubro de 2003. (2003). Dispõe sobre o Estatuto do Idoso e dá outras providências. Brasília, 2003. Recuperado em http://www.planalto.gov.br/ccivil_03/leis/2003/10.741.htm
19. Minayo, M. C. S., Meneghel, S. N., & Cavalcante, F. G. (2012). Suicídio de homens idosos no Brasil. *Ciência & Saúde Coletiva*, 17(10):2665-2674.
20. Ministério da Saúde, 2013. *Política Nacional de Humanização [PNH]*. Brasília: Biblioteca Virtual em Saúde.
21. Neri, A. L. (2006). O legado de Paul B. Baltes à Psicologia do Desenvolvimento e do Envelhecimento. *Temas em psicologia*, 14(1), 17-34.
22. Neri, A. L. (2013). Conceitos e teorias sobre o envelhecimento. *Neuropsicologia do envelhecimento: uma abordagem multidimensional*, 17-42.
23. Nicolaci-da-Costa, A. (2005). Sociabilidade virtual: separando o joio do trigo. *Psicologia & Sociedade*, 17(2), 50-57.
24. Nobrega, L. M. D. A., Siqueira, A. C., Turra, E. T., Beiras, A., & Gomes, M. M. (2018). Caracterizando a psicologia policial enquanto uma psicologia social jurídica. *Arquivos Brasileiros de Psicologia*, 70(3), 148-165.
25. Oliveira, A. C. D. C. D., & Ghisi, A. S. S. (2019). Norma Técnica de Padronização e as Delegacias das Mulheres em Santa Catarina. *Revista Estudos Feministas*, 27(1).
26. Osório, L.C. (2003). *Psicologia grupal: uma nova disciplina para o advento de uma nova era*. Porto Alegre: Artmed.
27. Polícia Civil (2021). Institucional. Recuperado em dezembro de 2021, de www.pc.sc.gov.br/institucional/policia-civil
28. Santos, L. A. D. C., Faria, L., & Patiño, R. A. (2018). O envelhecer e a morte: leituras contemporâneas de psicologia social. *Revista Brasileira de Estudos de População*, 35.
29. Scoralick-Lempke, N. N., Barbosa, A. J. G., & Mota, M. M. P. E. D. (2012). Efeitos de um processo de alfabetização em informática na cognição de idosos. *Psicologia: Reflexão e Crítica*, 25(4), 774-782.
30. Separavich, M. A., & Canesqui, A. M. (2013). Saúde do homem e masculinidades na Política Nacional de Atenção Integral à Saúde do Homem: uma revisão bibliográfica. *Saúde e Sociedade*, 22(2), 415-428.
31. Sousa, L. M. (2019). O Papel Do Psicólogo Policial em Delegacia De Proteção À Criança, Adolescente, Mulher E Idoso: A Realidade Do Sul De Santa Catarina - Brasil Escola. Recuperado em 16 de

- novembro de 2019, de monografias. brasilecola.uol.com.br/psicologia/o-papel-psicologo-policial-delegacia-protecao-crianca-adolescente.htm
32. Souza, T. M. C., & de Faria, J. S. (2017). Descrição dos serviços de psicologia em delegacias especializadas de atendimento às mulheres no Brasil. *Avances en Psicología Latinoamericana*, 35(2), 253-265
 33. Valentim, J. P. (2020). *Distância física sim. Distância social não*. Universidade de Coimbra, Faculdade de Psicologia e de Ciências da Educação. Recuperado em 1 Outubro de 2020, de <https://www.uc.pt/covid19/article?preview=true&key=a-861d10ece0>
 34. Organização Mundial de Saúde (2005) *Envelhecimento ativo: uma política de saúde* (1a ed., S. Gontijo, Trad.). Brasília: Organização Pan-Americana da Saúde. Recuperado de https://bvsms.saude.gov.br/bvs/publicacoes/envelhecimento_ativo.pdf
 35. Zanello, V., Fiuza, G., & Costa, H. S. (2015). Saúde mental e gênero: facetas gendradas do sofrimento psíquico. *Fractal: Revista de Psicologia*, 27(3), p. 238-246.
 36. Zimerman, D. (2000). Fundamentos básicos das grupoterapias. Porto Alegre: Artmed. Reimpressão 2010

