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RESEARCH

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SOCIAL REPRESENTATIONS ABOUT THE HEALTH AND DISEASE PROCESS IN CATHOLIC BELIEF

*Representações sociais sobre o processo de saúde e doença na crença católica**Representaciones sociales sobre el proceso de salud y enfermedad en la creencia católica*Sílvio Éder Dias da Silva¹ Márcia Aparecida Ferreira de Oliveira² Jaqueline Alves Ferreira¹ Jeferson Araújo dos Santos³ Diego Pereira Rodrigues¹ Diana Madeira Rodrigues¹ 

ABSTRACT

Objective: the study aimed to describe the social representations of Catholic patients and analyze the implications of their imaginary for the health-disease process. **Method:** descriptive study, with qualitative approach. Carried out in an oncology hospital, having as participants self-declared Catholic people. Semi-structured interviews and a technique of free word association were used for data collection. **Results:** three thematic units emerged: The representation of the disease for Catholic Christians; The Catholic religion as a foundation in the process of illness; Representation of the disease for Catholics: diseases acquired by breaking the laws of God. **Final considerations:** religiosity is a significant part of people's daily lives and should be respected regardless of the professional's belief.

DESCRIPTORS: Nursing; Psychology, Social; Health; Research; Religion.

¹ Universidade Federal do Paraná, Curitiba, Brazil

² Universidade de São Paulo, São Paulo, Brazil

³ Universidade Federal da Fronteira do Sul, Chapecó, Santa Catarina, Brazil

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Corresponding Author: Sílvio Éder Dias da Silva, E-mail: silvioeder2003@yahoo.com.br

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RESUMO

Objetivo: estudo objetivou descrever as representações sociais de pacientes católicos e analisar as implicações do seu imaginário para o processo saúde-doença. **Método:** estudo descritivo, com abordagem qualitativa. Realizado em um hospital oncológico, tendo como participantes pessoas autodeclaradas católicas. Utilizou-se entrevista semiestruturada e técnica de livre associação de palavras para coleta de dados. **Resultados:** emergiram três unidades temáticas: A representação da doença para cristãos católicos; A religião católica como alicerce no processo de adoecimento; Representação da doença para católicos: enfermidades adquiridas por infringirmos as leis de Deus. **Considerações finais:** a religiosidade é parte significativa no cotidiano das pessoas e deve ser respeitada independente da crença do profissional.

DESCRITORES: Enfermagem; Psicologia social; Saúde; Pesquisa; Religião.

RESUMEN

Objetivo: el estudio tuvo como objetivo describir las representaciones sociales de los pacientes católicos y analizar las implicaciones de su imaginario para el proceso salud-enfermedad. **Método:** estudio descriptivo, con enfoque cualitativo. Realizado en un hospital oncológico, teniendo como participantes personas autodeclaradas católicas. Para la recolección de datos se utilizaron entrevistas semiestructuradas y una técnica de asociación libre de palabras. **Resultados:** surgieron tres unidades temáticas: La representación de la enfermedad para los cristianos católicos; La religión católica como fundamento en el proceso de la enfermedad; Representación de la enfermedad para los católicos: enfermedades adquiridas por la ruptura de las leyes de Dios. **Consideraciones finales:** la religiosidad es una parte importante de la vida cotidiana de las personas y debe ser respetada independientemente de la creencia del profesional.

DESCRIPTORES: Enfermería; Psicología social; Salud; Investigación; Religión.

INTRODUCTION

Brazilian society derives from the miscegenation of different peoples, a fact that has contributed to the country's ethnic and religious diversity. Among the various religions that make up the country, we have a significant portion of Catholics. According to the results of the last IBGE Demographic Census, year 2010, Catholicism still enjoys a considerable religious majority adding up to a percentage of 64.6%.¹

Catholicism is based on the belief that Jesus was the Messiah, sent to earth to redeem mankind and restore its bond with God. Catholicism has its origins after the death of Jesus Christ, through the founding of a church by Peter, one of his twelve apostles. Its beliefs are based on the content of the Bible and have the Pope, Peter's continuator, as its highest ecclesiastical authority. The triad of health, sickness and religiosity is closely linked in the perception of many Catholics. Thus, it is important to consider such aspects in the health and disease process of the client, taking into account the benefits derived from the individual's faith for both physical and mental recovery.²

Over the years, several researchers have investigated the association between factors related to religiosity-practices, affiliations, beliefs, and health, both in its physical and mental dimensions. This association has very ancient historical and cultural roots, present in Greek myths, in indigenous rituals, and in biblical inscriptions, which have influenced and still influence Western culture today.³

Religiosity is observed in the community's daily life and must be considered when providing care, since each religion expresses different ideologies about what health and/or disease are and how

they should be faced. Therefore, each health professional, when aware of the existence of different religions and their conceptions about the health-disease process, will know how to direct the treatment and provide the proper care.⁴

The World Health Organization defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Several attempts have been made to develop a more dynamic conception, which is able to treat health not as a complementary image of disease, but as a permanent construction of each individual and the collectivity, which is expressed in the struggle to expand the use of each person's and society's potentialities, reflecting their ability to defend life. Since 1983, there have been debates about the inclusion of spirituality in the health and disease process.⁵

For the nursing team, it becomes relevant to reflect on which actions and behaviors should be adopted to favor the emotional comfort of the clients. It is worth noting that the client often looks at the health professional as a mirror, seeking in him a positive image of himself, based on his sense of value. Therefore, the caregiver must be aware of his attitudes and assumptions, because they will influence important reflections.⁶

It is justified to understand the social representations about the health-disease process in the Catholic religious belief, discuss and analyze the implications of social representations about the process within this religion. It is necessary to clarify the social representations of religious patients, facilitating the understanding of the consensual universe of the research participants and expanding the knowledge of nurses about how the patient understands the health-illness dyad, to better direct individualized care plans, and thus collaborate in their recovery.

We aimed to describe social representations about the health-illness process of Catholics and to analyze the implications of these representations for care.

METHODS

This is a descriptive study with a qualitative approach. The descriptive research portrays the characteristics of populations or phenomena studied, aiming at knowing the reality of the researched subjects. This study method aims to recognize the particularities of a population or phenomenon selected for study so that a reliable analysis can be made.

The qualitative approach highlights subjective issues and is used with the intention of understanding the conceptions of a population or phenomenon according to the data collected. The researcher will develop interpretations and conclusions about the collected information seeking the particular understanding of the analyzed context.

The study was conducted at the Ophir Loyola Hospital in the period from January to March 2016, having thirty subjects of its investigation individuals of the religious belief of Catholicism. Individuals who declared themselves to belong to the Catholic religion and who consequently accepted to sign the Informed Consent Form (ICF) were included in the research. Individuals with mental disorders and under 18 years of age were excluded.

Data collection was carried out through a semi-structured interview and the application of the technique: free association of words and free observation. The semi-structured interview was carried out through previously prepared questions that did not need to be answered in order, being considered flexible questions. The interviewee was free to answer the questions. This type of interview has some advantages, such as the opportunity to obtain information beyond what was expected and to originate new hypotheses to enrich the investigation, as well as to find new strategies for the research. In addition, the researcher can gather valuable information and clarify some points during the interview. The statements have the subject's identification described by the letter "E", which stands for "interview", followed by the order in which the interview was conducted (01, 01, 03...), that is, if the statement is from the first person interviewed by the author, it will be described as E01, and so on.

The article comes from the study entitled "Social Representation of the family caregiver about the communication used in the care of terminally ill cancer patients", approved by the ethics committee under number 1.442.346.

RESULTS

After the analysis of the collected data, it was considered fundamental the elaboration of meaning nuclei which have the objective of facilitating the demonstration of the social representation of the interviewees about the health-disease process.

The cores of meaning were generated according to the repetitions of information provided by the interviewees. Thus, three

thematic units were produced, entitled: The representation of illness for Catholic Christians; The Catholic religion as a foundation in the process of becoming ill; Representation of illness for Catholics: illnesses acquired by breaking God's laws.

The representation of illness for Christian Catholics

The biblical influence can be seen in the statements about the origin of the disease process, since this is the basic book of Catholicism and considered sacred. Through the scriptures contained in the Bible, the causes of the pathologies for Christian Catholics are based, because it is known that they follow the biblical texts that they consider absolute truths, therefore, this explains the way of analyzing illness for Christian Catholics.

The lack of God was a very present information in the interviewees' reports, which they consider to be a substantial condition for the acquisition of diseases by the human being. This is proven by the statements below:

Sickness is the lack of God in people or in the family or in our world. The importance of God that we have to have in our families, in our homes is very important because when we do not have God present in our families these illnesses come in many ways, they come from illness of the body, moral illness, physical illness, family illness, all these kinds of bad things that torment us all. (E06)

When you move away from God it is like a broken link because when you are close to God you are always in full health. (E05)

The concept of divinity prevailing in Catholicism, where God is a perfect being and of infinite goodness, naturally produces the belief that to move away from God generates evil to the human being, for he becomes helpless, vulnerable to the evils of the world. One can notice the concern with being in communion with God in the interviewees' reports, because they are emphatic when they mention the importance of harmony with God for the organic well-being, as evidenced in the excerpts below:

We get sick because we moved away from God [...]. (E05)

Many pathologies that we have in the social field nowadays we can say are due to the lack of God, the absence of God in people's lives. (E04)

I think that there has to be a reconciliation between things, we cannot simply abandon God, abandon the church and live only for the things of the world because the consequences will be bad. (E06)

Regarding the statements above, having an unruly life, living only for worldly pleasures and abandoning God is fertile ground for the organism to wear out. Through the speeches, the fear of the negative consequences of living without "having God" is apprehended, which can lead to problems even at the social level. For these interviewees, the search for the divinity as a way to

acquire health and quality of life is of utmost importance, being this a method of defense against diseases.

It is noteworthy the understanding of the cause of illness that for this group is the lack of God. The vision about the cause of illness is common to all the interviewees who understand it in the same way, sharing a universal idea about the process of getting sick, making the perception consensual among all.

Besides this, another meaning of illness is that it can affect the spirit. Thus, illness can be physical, but also spiritual, according to these subjects. For them, when some pathology cannot be justified by science, it is a sign that it has affected the spirit, and the approach must be different, not by science, because this would not understand the human spirit, being unable to conceive the spiritual illness.

To get sick of the spirit is for us not to believe and have faith that God is possible in our life, if we have no faith and no love we will get sick. (E03)

[...] So, when medicine no longer explains something, faith comes to give us this answer.(E01)

When science, reason does not give us these answers we also seek these answers in faith, through faith. (E01)

The answers of the interviewees reveal that spiritual illness is a conception of this group, which believes that we can become ill both physically and spiritually. This idea is common sense, and is the object of study. What cannot be explained, is said to be spiritual illness and can be assimilated by faith. In this way, spiritual illness is consensual which provides an interaction between the subjects.

From the data analysis, it is also apprehended that a spiritual illness is caused by factors such as: when a person is not well with himself, with others, and with God and all that has been cited by Him. In addition, resentment, lack of forgiveness, love, and faith are other aggravating factors in acquiring a spiritual illness.

[...] But I believe that there are many spiritual illnesses, for example, as I just said, when a person is not well with God, when a person is not well with others, when a person is not well with himself, with creatures and with that which was created. (E02)

[...] For example, a lack of forgiveness, a person that doesn't forgive another, is with that resentment for a long time, this hurts inside the person, I believe that it can even generate cancer, yes. Unexplained illnesses, for example, something that appeared out of nowhere and there have been so many exams and there is no right diagnosis, I believe that it is spiritual. (E02)

It is observed that, for the interviewees, illness arises due to a lack of closeness to God. Furthermore, it is verified that, for this group, illness also affects the spirit, thus revealing some interpretations about the process of becoming ill.

Thus, the knowledge of these representations provides nurses with an understanding about the way Catholic patients think about illness and, in this way, will have a broader approach to religious patients, respecting their beliefs and consequently promoting a quality and more comprehensive intervention.

The Catholic religion as a foundation in the process of getting sick

Getting sick is part of human life and everyone will get sick some day. Thus, individuals will have an experience at some point with the disease, or witnessing a sick family member. Certainly, the pathology generates disturbances to the human being on the biological, emotional, and social levels. It affects the individual and his family, who also suffer with the patient and feel the negative consequences of the illness.

It was asked about religion providing strength to the patient who has a religious belief. It was noticed, then, that the interviewees affirmed in a positive way to the question. Religion and God were mentioned as essential to comfort and encourage the patient in his search for health, as shown in the following statements:

Yes, we can see that religion, let's say, it has this purpose, to help us, to give us hope, to comfort us. So, let's say, when someone gets sick, we think of God, or religion or faith. And religion gives us this, because we don't look for other people, human people, but we seek God.(E01)

Yes, through being together, saying words that edify and words that sanctify. So when we have this contact with people, when we talk about God, the person... In fact, they want to be won by God, so when we talk about God it is a way to free them from their illness. (E03)

It is observed from the testimonies that looking to God motivates and reinforces the motivation in search of healing. In this sense, they cultivate positive feelings and feelings of Hope that refer to well-being.

In my case I have living proof of this. I had a thrombosis and today I am recovered through my faith, through my religion, through my mother's prayer (E05)

In this sense, the interviewees assured that religion is the foundation when facing difficulties imposed by pathologies, an idea shared by the subjects of the group. This is the representation within this group of Catholics, in which religion is essential at the time of illness because it offers resources for the patient's physical and psychological well-being. We can observe the following statement:

Certainly, because we must have faith, especially during our illness, because faith is our mental health and we know that when we have faith and good mental health, it will provide us with and help us recover the health of the body. (E06)

From the above, we can see that a representation is a consensual knowledge about a certain object or event, which in this case is the disease. The individuals in a group will present a common idea about a reality, which will allow an interaction among them and an inherent characteristic. The theory of social representations demonstrates how subjects interpret a reality and this interpretation comes from the way they think and see the reality that surrounds them.

We even have observations on a daily basis of people who would undergo some type of surgery and the doctor talking to this person about religion, when the person says that he has a religion, that he has a belief in a superior being and is a member of a religious community this person is much more successful in his surgery and when, on the contrary, if he says he has no faith, has no religion and does not attend any church this person is more subject to some hitches in that surgery. (E04)

It is verified that religion is represented by the Catholics interviewed as fundamental during the illness and where they get strength to overcome all negative situations.

Representation of the illness for Catholics: illnesses acquired by breaking God's laws

Individuals have different ways of analyzing illness. Many attribute the cause of illnesses to the transgression of divine laws, by associating sin to the mistakes of human beings. This vision is common in the religious sphere.

The speech below reveals the certainty for the interviewee that illness arises from breaking the divine laws:

The man by infringing the laws of God right, has the ten commandments or other values, the man by himself, in his conscience, he will begin to have a guilty conscience right, then he himself will begin to develop through his psychological right... So, let's say... É... There are the commandments of the laws of God, God loves us, man violates these commandments and sometimes he himself will condemn himself and will have this conscience, let's say, this guilty conscience, right, then he himself will begin to produce diseases. (E01)

It is observed that the belief that diseases are caused by the transgression of God's laws is common in the Catholic setting. When questioned, they presented this conception, which is very strong for them. In this way, illness can be acquired through sin, which would be a punishment for disobedience to the sacred commandments.

In this case, we found similarities in the explanations about why we get sick. For Catholics, one must behave according to the religious precepts in order to be freed from illness. This is the idealized image about getting sick, perceptible in the statements when asked if they believe that breaking God's laws can cause illness:

Absolutely. You have to have a discernment in knowing what is right and what is wrong, and God doesn't want us to get lost in sin, in bad things [...]. (E06)

It can cause a spiritual illness. And before this spiritual illness, it can even harm the physical, suddenly a depression. (E07)

Therefore, the health-disease process is thought of under several different forms than what science elucidates. It is perceptible that each group expresses a peculiar idea about the subject, and this "thinking differently" needs to be understood by the professionals who need to know these differences so that there is no clash between the scientific and the religious view, damaging the relationship with the patient and his recovery.

DISCUSSION

According to the religious view, the causes of illness may lie in the supernatural, and religion, in turn, could be the key to understanding the universe, as well as the cure for diseases.⁷

Social representations, in this context, have the objective of constructing and elaborating a reality, being also responsible for defining meanings to objects. The subjects will interact with each other, sharing the same perceptions about an object, and thus a particular representation is created; in this way, actions will have their own meaning, allowing the same understanding to all individuals in the group.⁸

Social representations form a "thought environment" useful for communication and interaction within and between groups; they provide a repertoire of images and ideas that subjects belonging to the same group consider true and exchange with each other. The shared meanings of objects and events serve to consolidate the group and provide a shared reality within which close bonding relationships with other people take place. They also serve to demarcate each group from the other through the divergent meanings contained in the representations themselves.⁸

From the construction of these representations, religion anchors itself in helping the process of coping with the disease, because it surely produces in the subject an inner strength that makes him hopeful in his recovery and makes him more motivated not to give up the fight against the pathology that afflicts him. The importance of religion in this process is in the faith that the individual has, which makes him confident, generates self-esteem, and satisfaction with life, which reveal positive aspects of religion to the patient.³

It was verified that patients who cultivated a religion looked to God for love, care, and strength, feelings that refer to well-being. This is perceptible in the testimonies of the Catholics interviewed, where religion is seen as the necessary support, a fundamental sustainer for the patient, capable of encouraging and motivating him in the search for cure.³

The meanings conceived by a group referring to an object or event ratify its homogeneity. The reality will be shared by all,

being familiar to the group and providing a greater and closer interaction within it.⁸

The representation, then, is the mental representative of the object that it symbolically reconstitutes. On the other hand, as the concrete content of the act of thinking, the representation carries the mark of the subject and his activity. This last aspect refers to the constructive, creative, and autonomous character of the representation that includes a part of reconstruction, of interpretation of the object, and of expression of the subject.⁹

Some studies have demonstrated the link between religious practice during the process of getting sick. And it was identified that such practices possibly lead to healthy habits of life, develop greater confidence in recovery, improve the psychological state of the individual, and reduce rates of stress and depression, thus promoting a reduction in deaths.¹⁰

In fact, to represent or to represent oneself corresponds to an act of thought through which the subject relates to an object. This can be a person, a thing, a material, psychic, or social event, a natural phenomenon, an idea, a theory, it can be real as well as imaginary or mythical, but it always requires an object. There is no representation without an object.⁹

We notice that in Catholicism, there is the belief that the disease is the result of disobedience to the will of God. In ancient times, leprosy, in the imaginary of that time, was the result of a sinful body-to-body contact in which the wounds were the necessary punishment for those who broke God's commandments.¹¹

This homogeneous interpretation of a reality is the common sense regarding the origin of illness. It is generally recognized that social representations, as systems of interpretation, which govern our relationship with the world and with others, guide and organize social conduct and communication. They also intervene in processes as varied as the diffusion and assimilation of knowledge, in individual and collective development, in the definition of personal and social identities, in the expression of groups, and in social transformations.⁹

FINAL CONSIDERATIONS

This study is of great relevance and has direct implications on the practice of several health professionals, such as nurses, physicians, and psychologists. Thus, it is necessary that professionals have a sensitive listening, emphasizing factors of religious origin, thus enabling a more welcoming and closer relationship with the patient, in order to strengthen the bond between them. It is considered that religiosity is a significant part of many people's lives and cannot be neglected within the context of care, whether in a hospital or not.

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