SOCIAL REPRESENTATIONS OF MENTAL DISORDERS
REPRESENTAÇÕES SOCIAIS DOS TRANSTORNOS MENTAIS
LAS REPRESENTACIONES SOCIALES DE LOS TRASTORNOS MENTALES

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ABSTRACT

Objective: to reflect based on the literature about social representations of mental disorders and/or mental disease. **Method:** this is a reflective analysis of the literature. We conducted a survey of data in the databases of Latin American and Caribbean Literature in Health Sciences (LILACS) and CAPES journals, with articles published in the period from 2000 to 2016. **Results:** the results verified that the main social representations about the mental disorder are linked to family, the diagnosis, the patient, and the professionals who work in the area of mental health. Based on the reading of the articles we realize that it is still evident the weight of the diagnosis of mental disorder on the family, as well as for the patient. Still, it was possible to observe that for health professionals working in the field of mental health, difficulties related to patients with mental disorders are linked to the working conditions. **Conclusion:** this concludes that lasts until the present day the stigma and prejudice against the patient with mental disorders, thus influencing the care provided to the patient. **Descriptors:** Social Representations; Mental Disorders; Mental Disease; Patient Care Team; Social inclusion; Psychiatric hospital.

RESUMO

Objetivo: refletir sobre as representações sociais dos transtornos mentais e/ou da doença mental. **Método:** estudo descritivo, tipo análise reflexiva, realizado um levantamento de dados na base de dados LILACS e Periódicos CAPES, com artigos publicados no período de 2000 a 2016. **Resultados:** as principais representações sociais a respeito do transtorno mental estão ligados a família, ao diagnóstico, ao paciente e aos profissionais que atuam na área da saúde mental. Com base na leitura dos artigos percebemos que ainda é evidente o peso do diagnóstico do transtorno mental sobre a família, bem como para o paciente. Ainda foi possível observar que para os profissionais de saúde atuantes no setor de saúde mental, as dificuldades relacionadas aos pacientes com transtornos mentais estão ligadas as condições de trabalho. **Conclusão:** perdura até os dias atuais o estigma e preconceito frente ao paciente portador de transtornos mentais impactando assim na assistência prestada ao paciente. **Descritores:** Representações Sociais; Doença Mental; Transtorno Mental; Equipe de Saúde; Inclusão social; Hospital psiquiátrico.

RESUMEN

Objetivo: reflexionar en la base de la literatura acerca de las representaciones sociales de los trastornos mentales y/o enfermedad mental. **Método:** se trata de un análisis reflexivo de la literatura. Se realizó un estudio de los datos en las bases de datos de Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS) y CAPES periódicos, artículos publicados en el período de 2000 a 2016. **Resultados:** los resultados demostraron que las principales representaciones sociales acerca del trastorno mental están vinculadas a la familia, al diagnóstico, paciente y a los profesionales que trabajan en el área de la salud mental. Acerca de la base de la lectura de los artículos, todavía es evidente el peso del diagnóstico de trastorno mental en la familia, así como para el paciente. Aun así, fue posible observar que para los profesionales de la salud que trabajan en el campo de la salud mental, dificultades relacionadas con pacientes con trastornos mentales están ligadas a las condiciones de trabajo. **Conclusión:** esto concluye que dura hasta el día de hoy, el estigma y el prejuicio contra los pacientes con trastornos mentales, influyendo así en la atención prestada al paciente. **Descriptores:** Social Representaciones; Trastornos Mentales; Enfermedad Mental; Grupo de Atención al Paciente; Inclusión social; Hospital Psiquiátrico.

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INTRODUCTION

Mental diseases or disorders are increasingly present in people’s lives. In today’s society, we can observe that one in every four people suffer from some mental disturbance throughout their lives.¹ It is considered worldwide that mental health, as a fundamental aspect of human health, once the expanded concept of health, points out that we can acquire health it is necessary to achieve a range of factors, among them the state of social and mental welfare.²

The change in the definition of health has motivated several changes in world politics of mental health. These changes, in Brazil, led to the gradual reduction and programed long-stay in psychiatric beds, encouraging that the psychiatric hospitalizations, when necessary, be given in the context of general hospitals and being of short duration; emphasizing the presence of the mentally ill with his family and friends. This new policy had as one of its objectives the creation of a wide range of different devices those would allow attention to mental sufferer on his territory, next to his residence; enabling the implementation of actions capable of contributing to the psychosocial rehabilitation, which would facilitate the implementation of actions that would allow the psychosocial rehabilitation by means of insertion in the workplace, in culture and in leisure time.³

The Social Representations focus on knowledge acquired through the collectivity, they present themselves as a way of interpreting and thinking in everyday reality, a form of knowledge of mental activity, i.e., a way to understand the reality of the individual in the place where things happen.⁴

OBJECTIVE

- To reflect, based on the literature, on social representations of mental disorders and/or mental disease.

METHOD

Descriptive study type, reflective analysis on the social representations of the disorder and mental illness. For this study, a survey was conducted in the databases of Latin American and Caribbean Literature in Health Sciences (LILACS) and CAPES journals, with articles published in the period from 2000 to 2016. For both, there were used the following keywords: “Social Representations”, “Mental Illness”, and “Mental Disorder”.

RESULTS

There were found 103 articles, of these 93 from the CAPES database and 10 from the LILACS. The inclusion criteria based on articles in Portuguese or English, involving the social representations of illness and mental disorder who present the full text available free. There were also excluded articles from the literature review.

Eleven scientific articles selected by inclusion criteria previously established composed the final sample of this review.

DISCUSSION

In this article, we sought to make a reflection about the way the mental disorders present themselves to the current society. In this way, our first result was the existence of a few articles those focused the relationship society x patient and mental disorder. The reading of the articles made us able to realize that social representations about mental disorder are loaded with negative elements linked to four main groups, among which we can observe: the family, the patient, the professionals who work with this clientele and the undergraduate students.

The time of diagnosis is something relatively difficult for any type of patient, especially for the patient with mental disorder and his relatives. After the first finding the families of people with mental disorders feel as if the signs and symptoms coupled were something present in their everyday life for a long time and that only had not been given due importance.⁵ This fact makes many family members blame themselves for the onset of the disease, in order to classify the coming with their lack of time and even neglect to provide appropriate assistance to his family member.

The patient’s family who finds the bearer of mental disorder seeks to understand how his family member was “contaminated” with this disease “so terrible” and search this knowledge into their life experience. The historical aspects linked to mental disorders are exclusion from society as also be touched by evil spirits; they are factors related to the difficult acceptance before the diagnosis⁶, since the family also feels excluded socially.

It observes, even in articles, the burden that falls on the family after diagnosis, since we must learn again to deal with this patient/relative, they still describe that the dealing with the person with mental disorders is marked by uncertainty and unpredictability of his attitudes⁷. This family load may be

evidenced by the need for monitoring in daily activities as well as in medical consultations and by “discredit” on the patient, family members begin to monitor and control the patient. The family still indicates a concern with the medication, since in their majority; they are able to change the behavior, mood, and even cognition. The families who become ill with the patient classify this experience as discouraging.⁸

For many years the mental disorders were marked with great stigma and prejudice, scholars from the area have affirmed that patients with mental disorders were exiled in some cultures and in others were excluded from society and would live admitted in hospitals and in some cases were burned on the precept of having been touched by Satan. This religious thought and spiritual coupled to mental disorders, lasts until the present day, once patients in moments of lucidity describe the disease as a punishment from God, i.e., a punishment for sin committed.⁹⁻¹¹

In this way, we can realize that the representation of mental illness will depend on the experience and knowledge that one has about the theme, but unanimously mental illness is regarded as a difficult disease and with painful experience for the family and for the patient.¹⁰

The representations of professionals working in health units specialized for care of the patient with mental disorder are not based only on the care provided but also under the conditions provided for that customer service be provided, such as development, better working conditions.¹¹ The working conditions, rostering, and routines were by nursing professionals active in psychosocial care centers, as being the greatest problem facing assistance to patients with mental disorders. For these professionals all the stigma and prejudice are reflected in the investment for this type of service, not only on the part of governments but also by society as a whole.^{10,13-14} Pointed to hypersexuality of the patient with mental disorders as not being something natural and health professionals in general, tends to depart and describe prohibition as the easiest way of dealing with this issue.¹⁵

The undergraduate students in carrying out practical activities in the fields of psychosocial attention do not present difficulty to deal with this type of patient, despite the preexisting fear, which is due at the time of practice activities; it observes still that students see the need to encourage the patient's autonomy, in order to collaborate with the psychosocial rehabilitation.¹⁶

CONCLUSION

This reflection showed that social representations about mental disorder are diverse and full of negative elements such as fear, stigma, prejudice, workload, and mistrust among others. The discovery of the “bearer” of mental disorders is still a factor of great stress within the family. It was also possible to notice that even with the entire academic and technological advances in the area of health; many patients still keep the religious and spiritual precepts linked to mental disorders. The mental disorders in a general way awaken in the family, the patient and caregiver fear and tension, and these may affect directly the quality of life for all involved in this process.

REFERENCES

1. Wahl OF. News Media Portrayal of Mental Illness: Implications for Public Policy. *American Behavioral Scientist* [Internet]. 2003 [cited 2018 Jan 31];12(46):1594-16. Available from: <http://journals.sagepub.com/doi/10.1177/0002764203254615>
2. Ferro H. The representation of mental health and mental illness in the Portuguese press: a comparative study. *Estudos em Comunicação* [Internet]. 2013 [cited 2018 Jan 26];6(13):37-86. Available from: <http://www.ec.ubi.pt/ec/13/pdf/EC13-2013Junho-02.pdf>
3. Jorge MR, Franca JMF. The Brazilian Association of Psychiatry and the Reform of Psychiatric Assistance in Brazil. *Rev. Bras. Psychiatry* [Internet]. 2001 [cited 2018 Jan 26] Mar 23(1):3-6 Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-44462001000100002
4. Castro P. Notes for a reading of the theory of social representations in S. Moscovici. *Social Analysis, Journal of the Institute of Social Sciences of the University of Lisbon* [Internet]. 2002 [cited 2018 Jan 26];37(164):949-79. Available from: http://www.jstor.org/stable/41011617?seq=1#page_scan_tab_contents
5. Spink MJP. The Concept of Social Representations in Social Psychology. *Public Health Journal* [Internet]. [cited 2018 Jan 26] 2000 July 9(3):300-8. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X1993000300017
6. Oliveira AGB, Ataíde IFC, Silva MA. The invisibility of mental health problems in primary care: nursing work constructing paths in family health teams. *Texto em Contexto*

Enfermagem [Internet]. 2004 [cited 2018 Jan 15];13(4):618-24. Available from:

<http://www.scielo.br/pdf/tce/v13n4/a15.pdf>

7. Souza RC, Santos JE. Social construction of learning in mental health and family health. *Editus* [Internet]. 2014 [cited 2018 Jan 15];1(1):1-16. Available from:

<http://books.scielo.org/id/t387x/pdf/lino-9788574554471-00.pdf>

8. Constantinidis T, Andrade AN. Supply and demand in the meetings between mental health professionals and family members of people with mental disorders. *Science & Collective Health Journal* [Internet]. 2015. [cited 2018 Jan 26] Mar 20(2):333-42. Available from:

http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232015000200333

9. Pereira MAO. Representation of mental illness by the patient's family. *Interface-Communication, Health, Education Journal* [Internet]. 2003 [cited 2018 Jan 26];7(12):71-82. Available from:

http://www.scielo.br/scielo.php?pid=S1414-32832003000100006&script=sci_abstract&tlng=pt

10. Oliveira LB, et al. The family and the person with mental disorder: dynamics and their family relationship. *Journal Off School os Nursing University of S-ao Paulo* [Internet]. 2011 [cited 2018 Jan 26];45(2):442-9. Available from:

http://www.scielo.br/scielo.php?pid=S008062342011000200020&script=sci_abstract&tlng=pt

11. Gasparini D. et al. Mental illness in the view of psychotic individuals: their lines and graphic representations. *Research Journal: Care is Fundamental Online* [Internet]. 2013. [cited 2018 Jan 26];5(1):3421-31. Available from:

[https://www.ssoar.info/ssoar/bitstream/handle/document/33183/ssoar-revpesquisa-2013-j1-gasparini_et_al-](https://www.ssoar.info/ssoar/bitstream/handle/document/33183/ssoar-revpesquisa-2013-j1-gasparini_et_al-Mental_illness_in_the_view.pdf?sequence=1)

[Mental_illness_in_the_view.pdf?sequence=1](https://www.ssoar.info/ssoar/bitstream/handle/document/33183/ssoar-revpesquisa-2013-j1-gasparini_et_al-Mental_illness_in_the_view.pdf?sequence=1)

12. Fernandes MA. Anxiety disorders: experiences of users of a specialized mental health. Outpatient service. *Journal of Nursing UFPE on line* [Internet]. 2017 [cited 2018 Jan 26];11(10):3836-44. Available from:

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwi6zvvi9b7aAhXOXVkkKHdnBA9kQFggoMAA&url=https%3A%2F%2Fperiodicos.ufpe.br%2Frevistas%2Frevistaenfermagem%2Farticle%2Fdownload%2F25366%2Fpdf_1&usg=AOvVaw2WaCqnF99RIWqxBbNI2CmX

13. Fonseca AA, Coutinho MPL, Azevedo RLW. Social representations of depression in university students with and without

symptoms to develop depression. *Psychology: Reflection and Criticism* [Internet] 2008. [cited 2018 Jan 26];21(3):492-8. Available from:http://www.scielo.br/scielo.php?pid=S010279722008000300018&script=sci_abstract&tlng=pt

14. Araujo TM, Palma TF, Araujo NC. Work-related Mental Health Surveillance in Brazil: characteristics, difficulties, and challenges. *Science and Social Health Journal*, Rio de Janeiro [Internet] 2017. [cited 2018 Jan 26] Oct 22(10):3235-46. Available from:

http://www.scielo.br/scielo.php?pid=S141381232017021003235&script=sci_arttext&tlng=en

15. Barbosa JAG, Souza MCMR; Freitas MIF. The approach to sexuality as an essential aspect of the integral care of people with mental disorders. *Science and Social Health Journal* [Internet] 2015 [cited 2018 Jan 13];20(7):2165-72. Available from:

http://www.scielo.br/scielo.php?pid=S141381232015000702165&script=sci_abstract&tlng=pt

16. Oliveira RF, Andrade LOM, Goya N. Access and comprehensiveness: the viewpoint of users of a mental health network. *Science and Social Health Journal* [Internet] 2012 [cited 2018 Jan 13];17(11):3069-78. Available from:

http://www.scielo.br/scielo.php?pid=S1413-81232012001100023&script=sci_arttext

17. Leão A; Barros S. Social inclusion and exclusion: the social representations of mental health professionals. *Interface-Communication, Health, Education* [Internet]. 2011 [cited 2018 Jan 23];15(36):137-52. Available from:

https://www.scielo.org/scielo.php?pid=S141432832011000100011&script=sci_abstract

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