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European Ph.D. on
Social Representations and Communication
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Participants Presentations



European Ph.D

on Social Representations and Communication

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SOCIAL REPRESENTATIONS, BRAZILIAN AUTHORS, MENTAL HEALTH AND THEORETICAL ISSUES

Euro PhD on SOCIAL REPRESENTATIONS and COMMUNICATION

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The focus on the problem

Two major topics of study

1st

A review of *psychiatric medicine*, its procedures and the social representations revolving around them.

The authors often refer to juristic laws

2nd

The *mental health professional*



The Professionals view points on mental illness
The kind of work professionals do (suffering)
The practices - old times & recently implemented
In addition: Social exclusion, reabilitation

Theoretical aspects

- ▶ Moscovici → theoretical model to research
- ▶ *“...in which one could speak about to present again, a copy of reality to which one adds interpretation. It would be a theory of common sense and collective science made up of concepts, affirmations and explanations. The communication is never limited to the transmission of the original messages or to the transport of unchanged information. It differentiates, translates, interprets and combines, as well as groups, invents, differentiates or interprets social objects or other groups’ representations.” Apud Machado, A.L. 2004 Moscovici, S. (1978).*

Denise Jodelet

French: Folies et représentations sociales, 1984, 1989.

English: Madness and Social Representations, 1991.

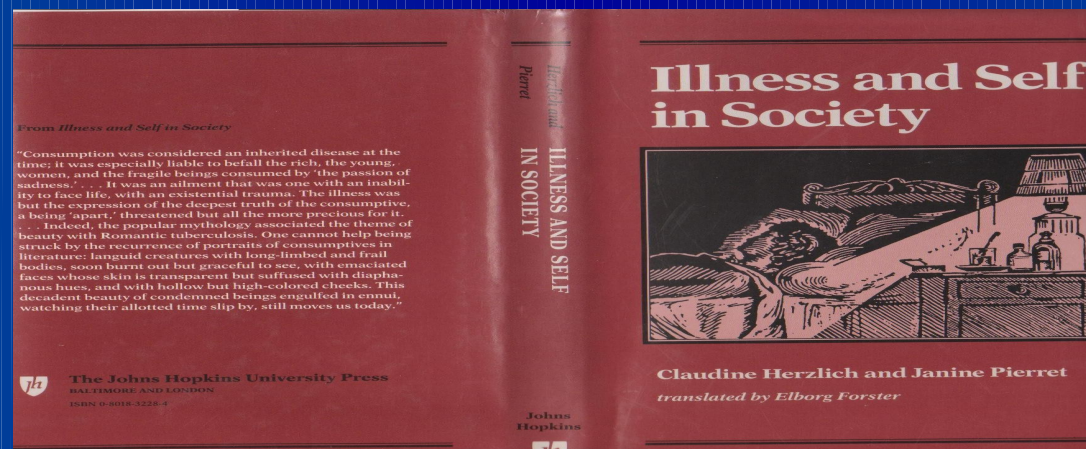
Portuguese: Loucuras e representações sociais, 2005.

- . “ One of the few truly important works in the human sciences...last ten years.” In hard copy by Moscovici, S., 1991.
- . Presented with Moscovici as head authors of the SR Theory, by Brazilian authors on SR (“major references”).
Text: The Brazilian research on SR in 2003. (ARRUDA, A., 2005, p.5).
- . One more work or a “signal work”? It is a circle of bridges & dialogues.
Text: Presentation to the Brazilian edition. (JOVCHELOVITCH, S., 2004). In: Loucuras e representações sociais, 2005.
- . “It was Denise Jodelet, not the Portuguese that (re)discovered Brazil.”
Text: Contextualizing Social Psychology in Portugal. (JESUINO, J.C., 2008, p.47). In: Rassegna di Psicologia, 2008.
- . A reference: “SR as an imaginary structure that can bring in a conceptual structure in a visible way” (JODELET, 1984, P.368 Apud de ROSA, A. S., 2009). Text: Mito, ciencia e representações sociais, PAREDES, E. C., JODELET, D., Book: Pensamento Mitico e RS.

In fact, European culture has been considered valuable for
▶ Brazilian education and Brazilian scholars specifically on
the SR - mental health field, has exchanged information
with their colleagues across the Atlantic.

BRITO, H.B de and CATRIB, A.M.F. for example found evidence of similarities about the significance of the opposition brain and nerves. Article: SR and subjectivity of becoming mentally ill, 2004. They and CARDOSO, M. H., GOMES, R. Article: SR & history: theoretical and methodological principles for public health.

One of the most interesting:



- ▶ The social representations are not the effort of coherent knowledge formulations, but are also interpretation and meaning. (Herzlich, 1991);
- ▶ The question about the meaning of health and illness is not reduced to the medical information. The history of medicine demonstrates how the relationship between medical knowledge and common sense can be established in both directions, with a movement between the scholar and popular thinking and vice-versa. (Herzlich, 1991);
- ▶ Illness can be understood as liberation such as in the conception of madness as fantasy. Thus the mental illness makes possible the individual to liberate himself from anguish and conflicts related to the illness, permitting refuge in a world free of pressures and responsibilities. (Herlich, 1973).
- ▶ The social representations take root in the social and historical reality, and at the same time contribute for its construction. (Adam & Herzlich, 1994).

- ▶ SA, C.P., Social Psychology in Brazil: Some Recollections(2008). In: Rassegna di Psicologia.

“Brazilian scientific research has characteristically made use of theories, methods and techniques developed in other countries...often adapting them very freely, in order to investigate a wide variety of problems to which such theories, methods and techniques were not originally directed.”_ “we have a characteristically Brazilian social psychology that is plural, critical and_averse to rigid boundaries between disciplines.

- ▶ SA, C. P. (1998) who introduced the Nucleus Central Theory in Brazil, recently wrote (2008) with Gomes, A.M.T. and Oliveira, D.C. about Abrics’ work: “The structural approach considers that the organization of a social representation presents a specific characteristic, the organization around a central nucleus, becoming one or more elements that give meaning to the representation”. In:_SR of the Brazilian national health care system.

Brazilian research's papers presented in the International Lab Meetings and summer schools from 2005 to 2010 are:

- ▶ Angela Arruda, Universidade Federal do Rio de Janeiro, UFRJ, (2005):

The Brazilian research on social representations in 2003.

- ▶ Clélia Nascimento-Schulze, Universidade Federal de Santa Catarina, LACCOS, (2005):

The use of iconic representation in science communication.

- ▶ Eugenia Coelho Paredes and Maria Antonia Galeazzi (joint paper) Universidade Federal do Mato Grosso, (2008):

Society and Its Myths: the importance of circumstances and contexts.

Myths: their functions and variations.

Thinking about the future of myths and of the social representations related to them.

- ▶ Brígido Vizeu Camargo, UFSC, LACCOS, CFH, (2010).
Social representations and applied sciences: the case of HIV prevention

➤ Nóbrega, S. M. da (1990, 2001) and Moreira, A.S.P., Nóbrega, S. M. da (2003, 2005)._“the qualification through the psychiatric diagnostic also on the picture the family presents mobilizes a significant interplay between the institutional knowledge (politic, administrative, and professional) and the knowledge of social groups (family, community) about the mental health-disease process. This interplay happens by means of communication as a vehicle that goes converting the mental patient in this other different, forming thus a representation that will hav

➤ Sadirgusky et al adds that “the return of the mentally ill to the family and the community is controversial and permeated by contradictions; among these, it is opportune to reaffirm the lack of extra-hospital services in the community, the discontinuity of programs of social rehabilitation for the mentally ill and disregard to the mental stress that the relatives are subject. These are aspects that have been raised by authors in a critical perspective to the process of deinstitutionalization in Brazil and other countries of the West.” Sadirgusky, D. and Tavares, J. L._(1998).

The unsolved problem of mental health

Under the light of the testimonials given, the authors seem to conclude that in spite of the opening of more than 1000 mental health services in this country, while the network of alternative facilities is not completely structured, psychiatric hospitals must continue existing to assist with the health care. What is said and written suggests that the limited number of Centers of Psychosocial Attention or CAPS (counting on multidisciplinary teams) allows the mentally ill be thrown on the streets without any help. Also present in the texts are reports of patients who, despite being treated at CAPS, still view the treatment in connection to the given drugs and see doctors as the main players and forerunners of the treatment.

Publishing Periodicals.

Cadernos de Saúde Pública vol.16 n.2 Rio de Janeiro Apr./June 2000, vol.18 no.5 Rio de Janeiro Sept./Oct. 2002; **Ciência & Saúde Coletiva**, 9(2):483-491, 2004, 8(3):669-680, 2003; **Estudos de Psicologia** 9(2), 285-296 2004; **Estudos psicologia** Natal vol.9 no.2 Natal May/Aug. 2004; **Interface** (Botucatu) vol.11 no.23 Botucatu Sept./Dec. 2007; **Psicologia: teoria e pratica** v.9 n.2 São Paulo dez. 2007; **Revista da Escola de Enfermagem USP** 2002; 36(2): 148-55, USP 2004; 38(2):197-205; **Revista Latino-Americana de Enfermagem** vol.12 no.4 Ribeirão Preto July/Aug. 2004, 2003 novembro-dezembro; 11(6):786-91, v. 6 - n. 2 - p. 23-27 - abril 1998 vol.12 no.4 Ribeirão Preto July/Aug. 2004, v. 6 - n. 5 - p. 89-98 - dezembro 1998, 5(n.esp):19-30, maio 1997, 2002 março-abril; 10(2):199-206; **Revista de Psiquiatria Clínica** 28 (5):233-242, 2001; **SMAD- Revista Eletrônica Saúde Mental Álcool Drogas** (Ed. port.) v.2 n.1 Ribeirão Preto fev. 2006.