

Social representations and health

In a highly “medicalized” society such as ours, the social representations concerning the health/illness binomial, even though they remain linked to notions of order and disorder are increasingly permeated by scientific and biomedical definitions that ultimately influence behavior that is considered either correct and incorrect, healthy or unhealthy. Moreover, they transcend well beyond the field of health having huge importance on the attitudes, behaviors and choices of modern individuals in different domains, namely religion, school, food, the body and moral and symbolic relations in general. Understanding these attitudes and behaviors, if we do not wish to mistake the cause for the effect, implies knowledge of the representations that individuals have for the objects and purposes to which they aspire to achieve. Therein lies the whole difficulty of defining and limiting the concept of social representation, whose scope and complexity arise precisely from the fact that they lie at the borderline between the psychological and the social, the individual and society and continuously demand the explicit definition of the relationship between these two levels. In fact, the concept of “social representation” arose in association with the “collective consciousness” of the French sociologist Durkheim. For him social phenomena cannot be explained solely by the representations of the individual, for the individual alone cannot invent a language, a religion, or any other socially shared thought and the individual and social dimensions of human behavior are therefore inseparable. However, historically, psychology assumed the study of the individual and individual representations, considering them both in an autonomous manner. It was only in the 1970s that authors such as Moscovici restored individual representations in their social context defining them as a particular form of knowledge that elaborates behavior patterns and establishes communication between individuals. The representations are again regarded as social phenomena that must be understood from the context of their production, from their ideological and symbolic functions and the forms of communication in which they circulate. Based on the contribution from this school, the concept of social representation was definitively incorporated into Psychology, also becoming an important tool for Sociology, despite the numerous criticisms of this concept arising in this field. In addition to the criticism directed at its extremely general and hard-to-assess character, the major danger that sociologists attribute to the use of social representations is to lead to the resurgence of a “spontaneous sociology,” in which the discourse of the subject constitutes the basis of the analysis, namely a “risk” that should always be assessed in studies in Public Health. The description of the individual attitudes, opinions and aspirations do not provide us with the explanatory principle of the functioning of an organization. It is the comprehension of the objective logic of the organization that leads to the principle capable of explaining, by extension, the attitudes, opinions and aspirations. To a certain extent, and when properly contextualized, the notion of “habitus” of Bourdieu does not deviate from social representation. They both work well as a starting point and as a finishing point, in other words as forms of perception, appreciation and action, as a combination of (unconscious) practical knowledge acquired over time that enables us to perceive, act and evolve naturally in a given social universe. In tandem with the description of given behavior, the studies of social representation should predominantly highlight the code based upon which the significances connected to these behavior patterns are elaborated. In a society in which biological phenomena act as fundamental supports for the significance of our relationships with the social aspect, the study of social representations in the area of health care continues to be particularly relevant.

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