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SOCIAL REPRESENTATIONS AND SOCIAL COGNITION: CONTRIBUTIONS TO NURSING AND HEALTH RESEARCH

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ABSTRACT

Objective: analyze the potential of the Theoretical Paradigm of Social Representations and Social Cognition in nursing and health research.

Method: reflection based on authors who serve as references in the elaboration, complementation and dissemination of this paradigm, with an important trajectory in social psychology and health sciences.

Results: departing from the particularity of the epistemological object of nursing, which is care, Social Representations could be considered as autochthonous elements of the lay/secular and daily cognitions, which support the social construction of reality and the organization of care practices.

Conclusion: in the light of these records, it is highlighted that the heuristic value of the Social Representations and of Social Cognition has been maintained since its proposal in the 1960's. Consequently, the three models that irrefutably result from the development of the field study about the social representations in health have permitted significant approximation by some studies in nursing and related areas.

DESCRIPTORS: Social representations. Cognition. Theory. Epistemology. Nursing.

REPRESENTAÇÕES SOCIAIS E A COGNIÇÃO SOCIAL: CONTRIBUIÇÕES PARA INVESTIGAÇÃO EM ENFERMAGEM E SAÚDE

RESUMO

Objetivo: analisar o potencial que o paradigma teórico das representações sociais e da cognição social tem na pesquisa em enfermagem e saúde.

Método: reflexão construída com o apoio de autores considerados referências na elaboração, complementação e difusão deste paradigma, com importante trajetória na área de psicologia social e ciências da saúde.

Resultados: a partir da especificidade do objeto epistemológico do cuidado de enfermagem, as Representações Sociais podem ser consideradas como elementos autóctones das cognições legas e diárias que auxiliam na construção social da realidade e na organização das práticas de atenção.

Conclusão: à luz desses registros, enfatiza-se que o valor heurístico das Representações Sociais e da Cognição Social tem sido apoiado desde a sua proposta na década de 1960. Consequentemente, os três modelos que emergiram como um resultado irrefutável do desenvolvimento do campo de estudo das representações sociais na saúde, permitiram uma aproximação significativa por algumas pesquisas em enfermagem e áreas relacionadas.

DESCRIPTORIOS: Representações sociais. Cognição. Teoria. Epistemologia. Enfermagem.

LAS REPRESENTACIONES SOCIALES Y LA COGNICIÓN SOCIAL: CONTRIBUCIONES PARA LA INVESTIGACIÓN EN ENFERMERÍA Y SALUD

RESUMEN

Objetivo: analizar el potencial que el Paradigma Teórico de las Representaciones Sociales y la Cognición Social poseen en las investigaciones en enfermería y salud.

Método: reflexión construida con el apoyo de autores considerados referencias en la elaboración, complementación y difusión de este paradigma, con importante trayectoria en el área de la psicología social y ciencias de la salud.

Resultados: partiendo de la especificidad del objeto epistemológico de la enfermería que es el cuidado, las Representaciones Sociales podrían ser consideradas como elementos autóctonos de las cogniciones lego/seglares y cotidianas, que auxilian en la construcción social de la realidad y en la organización de prácticas de atención.

Conclusión: a la luz de estos registros, se resalta que el valor heurístico de las Representaciones Sociales y la Cognición Social, ha venido sustentándose desde su propuesta en la década de 1960. Consecuentemente, los tres modelos advenidos como resultado irrefutable del desarrollo del campo de estudio de las representaciones sociales en salud, han permitido una aproximación significativa por parte de algunas investigaciones en enfermería y áreas afines.

DESCRIPTORES: Representaciones sociales. Cognición. Teoría. Epistemología. Enfermería.

INTRODUCTION

In recent decades, research in nursing and health has focused its analysis on a new field of research that articulates regulations, relationships and social interactions with cognitive functioning. The above reality responds to the fact that analyzes of Social Cognition, specifically on the concepts of beliefs, thoughts and attitudes, can be significantly useful to expand the Theoretical Paradigm of Social Representations* (TPSR) and health care for the different human population groups.¹⁻²

Starting from this premise, it is important to remember that Social Cognition encompasses complex processes through which people understand and explain their contexts, their realities to other people and themselves. In simple words, social cognition could be defined as the individual's thinking about himself and others, which explicitly includes the association of feelings, evaluations, emotions, and consequently of one's own and others' behaviors.¹

By itself, this position highlights the intersubjective, diverse, heterogeneous and multifaceted nature of living and being an individual. Within this logic, the TPSR complements several aspects of Social Cognition in health. Specifically, it emphasizes

the importance of social anchoring and objectification / objectivation in the process of being, caring and thinking as complex, integrated and integral human beings.

Starting from this joint reality, the articulation between the concepts of Social Representation and Social Cognition can be quite positive for the development of new research in the area. These concepts attribute a determinant role to the cognitive structures in the production of social knowledge and simultaneously erect scientific structures that guide and facilitate the processing of the multiple stimuli that are sent by (any) socio-temporal context.¹⁻³

In this logic, it is important to emphasize that this articulation should not for any reason be confused with a subjugation of the TPSR to the models of social cognition in health. On the contrary, it should be understood as a synergistic symphysis that collaborates with the (more) logical understanding of the psychosocial phenomena that surround us.⁴

Highlighted as a singular paradigm when compared to other philosophical and theoretical elements that analyze cognition and human behavior, the TPSR was the creation of Moscovici, who formulated his theory in the 1960s, taking as a contrast the concept of individualized attitudes of men and women from North-American psychology.⁴

Clearly, the PTRS starts to have an impact in the 1970s and especially in the 1990s in nursing and health. Articulating this genesis, it is in the text "The coming era of representations" that Moscovici affirms the complementary nature of the TPSR and the cognitivist approaches.¹ For the author, the central problem of psychology and the other social sciences, as from the second half of the twentieth century, was the rediscovery of social awareness. By itself, the TPSR puts several concepts in practice to work

* I think that the theoretical set of the Social Representations could be considered a theoretical paradigm instead of a mere theory.² By itself, this posture departs from the understanding that a theory involves ideas that explain a set of facts (*empírea*), while a paradigm in the strict sense of the Philosophy of Science could be considered as knowledge that originates the study of a scientific field, which offers methods and values that are conceived as an initial baseline reference for a set of studies and research. In fact, I consider that the term paradigm significantly reflects the heuristic power of the social representations and can enhance the actual achievement of Moscovici and his collaborators' proposals.

with social thought in its multifaceted dynamics and in its diverse potential.^{1,5}

Given these irreducible theoretical and philosophical particularities, the study of Social Representations has become a relevant field of research to be implemented in the different scenarios of the health and nursing sciences.

This whilst admitting the incommensurability of their theoretical tools (and cognitive-methodological compasses) as nomenclature elements for studies with psychosocial approaches that aim to give voice to those populations that have remained silent.

Within these dynamics, these studies occupy an important semantic space of explanation for the relation between the mental productions and the material and functional dimensions of the groups' life. As the essence of the above, it should be emphasized that the Social Representation is part of a daily life and subsequently, it is a product of communication and language, constituting an organization of images, sounds and cognitive forms.¹

This theoretical aspect emphasizes and symbolizes the acts and situations whose use makes them common. Therefore, it is an explicitly particular modality of knowledge, whose function is to elaborate and understand the social cognitions, behaviors and interactive dynamics among the individuals of a specific society.¹

As the essence of the above statements, this reflection aims to analyze the potential that PTRS and Social Cognition have in nursing and health research. The manuscript was particularly constructed with the support of authors considered references in the elaboration, complementation and diffusion of this theoretical paradigm, with an important trajectory in the field of social psychology and health. Mainly, some analytic, reflexive and theoretical-conceptual considerations are presented to contribute to the debate in nursing and health. In addition, it is highlighted that the selection process of the authors was intentional and non-exhaustive; and the critical-reflexive analysis results from the author's research experience and critical reading of the texts.

“BACK TO BASICS”: ABOUT THE THEORETICAL PARADIGM OF SOCIAL REPRESENTATION AND SOCIAL COGNITION AS THEORETICAL FRAMEWORKS

Social Representations have been conceptualized as dynamic phenomena linked to specific social

contexts in modern societies. Contrary to what happened in traditional societies, where Durkheim's collective representations were considered coercive social facts and shared by practically the majority of the members of a civilization, in modern times, the partial decentralization of these power holders arose - who were considered the social agents responsible for the legitimization and (re)production of social knowledge - and one starts to think about the possibility of revealing the importance of thinking that lies in the common sense of the rest of the population.⁶

In a similar sense, the collective representations of traditional societies and modern social representations could be equivalent. On the other hand, significant differences in their most elementary properties can be identified.⁶ Articulated in varied forms and proportions, collective representations are much more extensive and global, as they constitute cognitive systems shared by large groups, such as a whole society. In addition, they are almost static, with the change occurring only in exceptional conditions of crisis.⁶

The genealogy of this thought finds resonance in the affirmation that representing is an act of thought by which a subject signifies an object that can be real or imaginary. By itself, it should be taken into account that there is no representational act without object and that it is always supported by someone, so that the characteristics of both (object and subject) are manifested in this representation.

By representing a particular object, a synthesis of various fragments of knowledge, thoughts and impressions about it is accomplished, which are organized symbiotically (or even antagonistically) to form a coherent whole. This juxtaposition among the different types of knowledge available in everyday life reflects the co-existence of polyphonic forms of knowledge in the same representational field and results in what Moscovici calls cognitive polyphasia.⁹

This (dis)harmony gives rise to the representative thinking that automatically implies that social representations are generally varied, heterogeneous and open space for contradiction in a complexity that is the hallmark of lay common sense.

These contradictory ideas permit understanding the thinking developed from the confrontation or clash of the multiple ideas we live in in our daily lives. Indeed, that is where one of the keys that demonstrate the usefulness of this reference framework in nursing and health research lies: the complexity of thinking and the contradictions of behavior.

Articulated in varying forms and proportions, these contradictory and cognitive devices demon-

strate what Moscovici calls attitudes as representational elements in the face of different unpublished or customary situations. The genealogy of these assertions finds resonance in Moscovici's theoretical assumptions. The author configured the dialogical concept of themata as oppositional and dual taxonomies that constitute the basis of common-sense thinking and lay / secular knowledge.⁹

In a similar sense, it should be noted that the TPSR aims to discuss lay / secular and everyday knowledge through the social construction of reality. This cognitive harmony gives rise to the understanding of the processes that turn the knowledge of common human beings into a knowledge with real and operative significance (dilemma of the learned thinking vrs popular / lay thought).

Linked to these thoughts, to explain the constitution process of representations, Moscovici argues that there are two processes that generate social representations: anchoring and objectification.¹⁰

In this very sense, social anchoring refers to the process of classifying, naming, or reducing objects, situations, or phenomena beyond pre-existing categories. That is, to transform and place an object that shows characteristics beyond the everyday reality and which consequently disturbs due to the fact of being unusual, in a particular system of categories already established in the sociocollective awareness.⁶

As pointed out earlier, when the subject thinks of an object, he uses matrices for reference that are based on already established experiences and cognitive schemes, plausibly developing a categorization process, as it attributes to the objects a space within the grid of meanings that have been internalized and abstracted in the past.¹

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This cognitive logic reveals that the new representations of the object are never inscribed in thinking devoid of any innate or white knowledge. On the contrary, they are anchored in other pre-existing representations. This process of rooting representation in the life of the groups is fundamental for the representational processes, because it reveals the way in which it is inserted in the values of a certain culture or society. In addition to the concept of social anchorage, objectification emerges, corresponding to the way in which the elements of a Social Representation are organized and the course through which they acquire a physical-symbolic materiality.⁹

In simple words, this process - which takes place through a dialectical and simultaneous relationship with the anchor - aims to make the abstract concrete, and is the process of transference of what is in the mind to a (relatively) physical plane: the method of organizing the elements of a representation.^{6,11}

On the other hand, thinking about Social Representations studies makes us think in a correlative way of three different slopes that are usually used in current nursing and health research: a) a process-based or dynamic approach; b) the structural approach; and c) the societal approach. All of these are compatible with general theory, but with specific ways of considering and analyzing the representational process.¹

In this sense, these aspects focus on: a) the process of formation and transformation of social representations; b) the constituent elements of Social Representation; and c) in the Social Representations as guides of social practices, respectively.¹

Now, the process-based or dynamic approach developed by Moscovici and defended by Denise Jodelet, can be understood as a constructivist approach that values the elaboration of social meanings, as it studies the Social Representations as a process, not in the sense of information processing, but as a praxis - the foundation of the theory that refers to the material transformation of reality - which takes as its starting point the functionality of the Social Representations in the execution of action and communication.¹²

Based on this premise, this approach considers Social Representations as forms of knowledge that are manifested as cognitive elements (images, concepts, categories and theories), but which are never reduced to these components.⁷

The structural approach, on the other hand, defines the Social Representations under the integrative panorama and understands them as structures of knowledge on social life themes, which are grouped and consensually shared, since they are constituted based on cognitive elements linked to one another.¹³

In this perspective, any Social Representation contains central and peripheral elements, the former being more resistant to change. It is part of the comprehensive understanding of this approach, the Central Nucleus theory, developed by Jean Claude Abric in 1976 - and later supplemented by Claude Flament.¹⁴

In this approach, the set of ideas, beliefs, attitudes and information that make up the Social Representations of a social object are organized around a structure and constitute a sociocognitive system. In the interior of these assertions lies the thought that these contents are structured in elements hierarchized in a central nucleus, around which the peripheral elements are organized.¹⁵

Precisely, the central core of the Social Representation is composed of stable, coherent, consensual, historically defined normative (social and ideological patterns) and functional elements (descriptive characteristics and social behaviors). In that exact sense, the closer the relation of the subject to the represented object, the more functional the central nucleus of that representation would become.

In relation to the peripheral system, both the elements closest to and those distant from the central nucleus are activated by the situational diversities the context offers, giving rise to a dynamic operation and serving as a guide for reading the reality.¹⁶

Finally, the societal approach, proposed by Doise,¹ adopts a more sociological perspective, which emphasizes the social insertion of the individual as a source of variation of these representations.

In this sense, according to some researchers, the objective of this approach is to link the individual to the collective level, in an attempt to articulate individual explanations based on societal facts. In this sense, this approach understands that individuals have processes to function in society that are oriented by social dynamics (interactional, positional or general values and beliefs).¹⁷

It should also be emphasized that, in the analysis of social phenomena, the limitations and possibilities of these approaches can be glimpsed more clearly. This is because the construction and expression of social thought mobilize the four levels of analysis: intrapersonal, interpersonal, positional and ideological. These levels, which mark the points of contrast and intersection between theories or approaches and permit a better understanding of the relationship between individuals and society and, consecutively, social relations.¹

On the other hand, as a consequence of this exegesis, it is emphasized that the TPSR does not privilege any method of investigation in particular. For some, the adaptation of different theoretical frames of reference in complementary theories results in multiple methodological and analytical options. Thus, the field as a whole is not linked exclusively to any specific method.¹

As a suggestion, however, the following possibilities could be schematized: for the procedural or dynamic approach, qualitative methods could benefit its analysis and, for structural and societal approaches, there is a predisposition towards quantitative methods - with emphasis on experimental research in the case of the structural approach.¹

In the light of these records, and precisely in view of some aspects of the TPSR, it is emphasized that its heuristic value has been sustained since its proposal in the 1960s. In this area, the three models that have emerged as an irrefutable result of the development of the field of study of the Social Representations in health, have permitted an approximation by some studies in nursing and other related areas.

In its complementary sense, it is clear that, rather than a basic understanding of the constituent processes of a specific phenomenon, the TPSR inaugurated a different way of describing and understanding sociopsychological phenomena, following different assumptions of the perspectives of social cognition which, in turn, places research in nursing and related sciences at levels of intra-individual and intrapersonal analysis, closer to a concept of comprehensive and humanized collective health.

THE THEORETICAL PARADIGM OF SOCIAL REPRESENTATIONS AND NURSING AND HEALTH RESEARCH: ABOUT DIALOGUES AND RELEVANCES

Based on the specificity of the epistemological object of nursing care, Social Representations could be understood as elements that help in the organization of care practices.

Ultimately, for this reason, nursing and health have become areas of research, which integrate Social Cognition and TPSR into their care practices. At the same time, they increase the heuristic power of both approaches compared to their isolated use.

In the first instance, the social character of nursing, beyond determining the effects on health, provides a system to interpret the world and, consequently, diseases and health-related risks. This transitional position presupposes, as a consequence, that a Social Representation is a dynamic and explanatory concept that has transformative historical dimensions. Regarding this statement, the TPSR has proposed, in nursing and health research, to study the cognitive-behavioral diversity that human groups represent and personify.

In particular and in order to broaden the level of understanding of this theoretical paradigm, the network of affective, mental and social elements should be considered which integrate cognition, language and regular and habitual communication. That is, considering social relations and the material - social and ideal - reality the Social Representations of care and of the person will intervene in.¹⁸

In this sense, as a form of knowledge of a society of laymen, Social Representations do not just guide the behavior, but they re-build and reform the elements of the contextual scenario where the behavior takes place.¹⁹

The meaning of such postulates lies in the reference that the knowledge one has about the world is polysemic and is constructed based on networks of interrelations. Given this description, there are

different forms of reality that coexist in the way in which the human being is positioned in daily life.

In general terms, the knowledge that the individual uses in his life is multifaceted and heterogeneous. Only clear and full of contradictions. Such a rational inconsistency is not necessarily due to a lack of logic, but responds to the distribution into different social categorical levels.⁹ Because of this, although it may seem illogical and incoherent, if analyzed under a rationalistic bias, that knowledge has sufficient coherence and consistency for each subject to understand and explain himself, in relation to the others.¹

Given these determinations, it is in this area that one of the great contributions of Serge Moscovici to the nursing and health sciences is situated, whose theoretical development revolves around the valuation of the individual as a thinking being and the force of shared social beliefs.

In the light of these records, the articulation between nursing and health research and the analyses of sociopsychological studies provides a greater understanding of the phenomena of social relationship / interaction. In its sense, the TPSR is presented as a sociological form of social psychology, contextualized in a European perspective, with an emphasis on the study of intergroup relations and sociocultural approaches to sociopsychological processes.²⁰

This means that the use of TPSR for nursing and health has helped to understand and get to know the processes through which individuals in constant social interaction construct explanations about social objects.

In those descriptions, what has been proposed is the scientific visibility of the importance of common-sense knowledge, the reality of groups and social categories, worldviews and contributions to social identity.

Methodologically, the use of TPSR in nursing and health research has improved the understanding of the relationship individual-society and more precisely illuminates the phenomenon of consensus and care. At the same time, it emphasizes the dissent, the anchors and historical-cultural grounds of the beliefs, advancing their approaches and mainly the understanding of the phenomena studied.¹

In this same sense, nursing - among all the other health sciences - has contributed significantly to the revelation of the importance of the development of the TPSR, in the sense of deepening the knowledge about the social functioning of the individual and his environment.

This paradigmatic position gives rise to the assertion that the TPSR contains elements that aid in the characterization of cross-sectional research axes in nursing and health. In particular, studies that seek to articulate representations with attitudinal elements, attributions of causality, stereotypical thoughts and integral relations, which both help to situate the theory of Social Representations in health care and can give indications of new directions to investigate problems found in the social sphere of other theories.

Certainly, in the end, despite starting from different presuppositions about the social phenomenon, the approaches of social cognition and social thought arrive at results that provide complementary theoretical bodies and possess significant semantic and investigative validity.⁶ In this domain, thinking about the relation of people with the world based on this perspective means affirming that it is up to nursing and health to explore the intersubjective part of what happens in the real and objective realm.

In view of this, it is important to focus on the production of the meaning that is born in the experience of daily life and the flow of social life. Indeed, this involves exploring the social reality of phenomena in their dynamics and interdependencies.

In general terms, among us, the TPSR has an interdisciplinary relationship, mainly in the fields of intervention with technologies and social knowledge. Thus, one may say that the focal point of most of the research using TPSR and Social Cognition is the diagnosis of common-sense knowledge and lay / secular thinking.²¹

On the whole, these nosological and sociological diagnoses involve within their methodological structure, taxonomic or functional groups, whose main concern lies in the description or comparison of these groups' "non-scholar" or "non-specialized" - hence lay / secular knowledge - in relation to social objects that are of some importance to the subjects.²⁰

In this sense and in a complementary way, the possibilities of logical interrelation of the Social Representations with nursing and health research approach social practices and objects of diverse kinds, such as: the health processes, seen as significant social matrices or the illness considered as a form of expression of the social imaginary or even the body, seen as a natural and technological symbol simultaneously or even vulnerability, stigma and discrimination, understood as conditions or devices mediating expressions and political systems, among other objects of study that could give meaning and

guide the various private and institutional social and symbolic practices.

In fact, this unfolding arises as a result of the TPSR permitting the introduction of “lay / secular” or popular knowledge as an important factor for the understanding of practical problems of undeniable social relevance.²¹

Moreover, the TPSR becomes for the nursing professional - from the different activity areas, whether care practice, teaching or research - a privileged basis for reading, understanding, observing and analyzing the social knowledge of polysemous objects; whose diagnoses help to concretize pragmatic and concrete objectives, such as: influence health and education policies, review procedures and protocols of action, health care and care, pedagogical procedures, among other objective actions.²¹

It is, therefore, the complexity and diversity of the phenomena studied by nursing science and health in general that force us to change or complement the individualistic perspectives - centered on a solipsistic and strictly rational individual - to broaden the biomedical perspectives or biopsychosocial factors, taking into account sociocultural and clinical trends, as well as social contributions.²²

Given these determinations, the TPSR in the health and nursing sciences has helped to juxtapose the social and cultural perspective in a constructivist, critical line of social reality. In summary, it has collaborated to adopt a multidimensional perspective to expand the complexity of the processes involved in the domain related to the health / disease dynamics and to reveal the diversity of societies' experiences in relation to collective cognition.²²⁻²⁴

Besides, the essential point to guide future research using the TPSR in nursing and health refers to its integration with other theories of sociology, education and nursing itself, which originate in the tradition of Social Cognition.

CONCLUSION

The Social Representations explain the origins of social knowledge since, as observed, they help to understand the origin of the cognitive schemes, while illuminating the genesis of their attributions and sociocultural anchors.

In short, the increasing adoption of this theoretical paradigm by nursing and other health sciences in diverse national and international contexts demonstrates its success as a scientific resource. This unfolding, however, projects the idea that there is still room for improvement, in order to refine its

theoretical framework, either in terms of offering a greater formalization of the theory by nursing and / or health professionals, or in terms of specifying its conceptual structure in care more precisely.

In this sense, the relevance of this critical approach in studies that work with nursing and health lies in the assertion that both individuals and groups are not passive recipients, because they create and recreate knowledge from the scientific and popular universe, which are objects of their daily problematizations.

In this sense and in a complementary way, Moscovici legitimized the importance of lay / secular and popular knowledge, which produces and inspires scientific research in nursing and health that objectifies the understanding of these productions generated in and by social protagonists.

Finally, at the epistemological level, the conjectures about the TPSR and Social Cognition permit emphasizing that, in the production of meanings, the symbolic dimension has a relevant role, since it is the same one that pluralizes and grants specificity to the various meanings created.

In fact, it helps to confirm that, in nursing and health, the objective of research using the TPSR and Social Cognition is based on social relations and interactions and on the understanding of lay-popular thinking, which is constituted in the plural and community spheres.

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