

Application of Merleau-Pontyan perspective on the physical and psychological implications of venous ulcers

Aplicação da perspectiva Merleau-Pontiana sobre implicações físicas e psicológicas das úlceras venosas
Aplicación de la perspectiva Merleau-Pontiana sobre las implicaciones físicas y psicológicas de las úlceras venosas

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ABSTRACT

Objective: to verify the application of the Merleau-Pontyan perspective on the physical and psychological implications of chronic venous ulcers in the existence of people who experience the disease. **Method:** a qualitative study, of the descriptive phenomenological type, developed with 36 patients. The field of investigation was the Outpatient Clinic of Wound Repair of the *Hospital Universitário Antônio Pedro*. The collection occurred from June to December 2016, through a phenomenological interview. **Results:** the experiences inherent in people who have venous ulcers pass through the world and “return” to the body itself, reflecting on the biopsychosocial aspects and the sensitivity left on the being. **Conclusion:** the biological characteristics of the subject affected by the venous ulcer have repercussions on their physical aspect, promoting influences along with the emotional and social changes originating from the clinical picture on the social aspects and consequently reverberating on the quality of life of this individual.

Descriptors: Varicose Ulcer; Perception; Quality of Life; Adult; Elderly People.

RESUMO

Objetivo: verificar a aplicação da perspectiva Merleau-Pontiana sobre as implicações físicas e psicológicas das úlceras venosas crônicas na existência das pessoas que vivenciam a doença. **Método:** estudo de abordagem qualitativa, do tipo fenomenológico descritivo, desenvolvido com 36 pacientes. O campo de investigação foi o Ambulatório de Reparo de Feridas do Hospital Universitário Antônio Pedro. A coleta ocorreu de junho a dezembro de 2016, por meio de uma entrevista fenomenológica. **Resultados:** as experiências vivenciais inerentes às pessoas que possuem as úlceras venosas perpassam pelo mundo e “retornam” ao corpo próprio, refletindo sobre os aspectos biopsicossociais e sobre a sensibilidade que repousa sobre o ser. **Conclusão:** a característica biológica do sujeito acometido pela úlcera venosa repercutirá sobre seu aspecto físico, promovendo influências juntamente às alterações emocionais e sociais oriundas do quadro clínico sobre os aspectos sociais e consequentemente reverberando sobre a qualidade de vida deste indivíduo.

Descritores: Úlcera Varicosa; Percepção; Qualidade de Vida; Adulto; Idoso.

RESUMEN

Objetivo: verificar la aplicación de la perspectiva Merleau-Pontiana sobre las implicaciones físicas y psicológicas de las úlceras venosas crónicas en la existencia de las personas que experimentan la enfermedad. **Método:** estudio de abordaje cualitativo, del tipo fenomenológico descriptivo, desarrollado con 36 pacientes. El campo de investigación fue el Ambulatorio de Reparación de Heridas del Hospital Universitario Antônio Pedro. La recolección ocurrió de junio a diciembre de 2016, por medio de una entrevista fenomenológica. **Resultados:** las experiencias vivenciales inherentes a las personas que poseen las úlceras venosas atraviesan por el mundo y “retornan” al cuerpo propio, reflexionando sobre los aspectos biopsicossociales y sobre la sensibilidad que reposa sobre el ser. **Conclusión:** la característica biológica del sujeto acometido por la úlcera venosa repercutirá sobre su

aspecto físico, promoviendo influencias junto a las alteraciones emocionales y sociales oriundas del cuadro clínico sobre los aspectos sociales y consecuentemente reverberando sobre la calidad de vida de este individuo.

Descriptor: Úlcera Varicosa; Percepción; Calidad de Vida; Adulto; Anciano.

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INTRODUCTION

Chronic venous ulcers are lesions that affect the lower limbs, and their cause is associated with chronic venous insufficiency due to its high incidence and prevalence in the population groups, constitutes an epidemiological problem⁽¹⁾.

The aforementioned problematic causes in their patients difficulties of locomotion, pain, exudation and odor arising from the injury, which cause changes in the lifestyle, leading the person who experiences the injury to mood changes, changes in family relationships and social interaction⁽²⁾. The activities of daily living, work, social and leisure activities have their development based on how the person is disposed, since the signs and symptoms inherent to the disease tend to compromise the functional capacity⁽³⁾, in addition to the fact that said disease presents a long process of cicatrization⁽⁴⁾.

Ulcerative lesions also tend to cause difficulties in patients and their families related to the need to adapt to the clinical condition, leading them to rethink values, understand the disease, follow procedures and face the society's perspective full of myths and stigmas⁽⁵⁾.

In the meantime, it is necessary to prepare studies aimed at discussing the physical and psychological implications of venous ulcers in the lives of people who experience this disease, with a view to the development of health care be based on the real needs inherent to the assisted subject, and this construction should be based on existential comprehension, recommending a return to the lived world, this return being described by Merleau-Ponty as the "first philosophical act", because it allows to understand both the law and the limits of the objective world, to restore its physiognomy concrete⁽⁶⁾.

The French philosopher Maurice Merleau-Ponty was born in Rochefort-sur-Mer on March 14, 1908. He studied philosophy at the *École Normale Supérieure* (ENS), one of France's most prestigious higher education institutions in the late 1920s, acquiring a good basis in western philosophy and its contemporary developments⁽⁷⁾. In 1945, he published his doctoral thesis in philosophy, "Phenomenology of Perception", this being his best known work. In it, the philosopher discusses the fundamental topics for the understanding of phenomenology, starting from a resumption of the Husserlian perspective, referring to phenomenology as the study of essences without forgetting the importance of "facticity", that is, the existence and the condition of being-in-the-world, for these essences⁽³⁾.

The subject of perception becomes the focus of study for Merleau-Ponty, who starts to study the normative tendencies of perception before the Gestalt theory. After studying these tendencies, the philosopher begins to develop studies that relate the understanding of the functions of the body to the perception, crossing the difficult dilemma of the perception of the body of the other like similar to ours and of the perception of the own

body, arriving to study the extension of our bodies in the world and the meanings we ascribe to all of this through language, analyzing the condition of being-in-the-world as an inseparable unit, which is spawned of spatiality and temporality⁽³⁾.

For Merleau-Ponty, perception is associated with the bodily attitude, not being related to a purely mentalistic representation, being an event of corporeality⁽³⁾. Thus, this study is relevant because it addresses the question of the physical and psychological implications, which permeate corporality, associated with chronic venous ulcers, in order to provide health care for the individuals affected by said disease, as it generates fear, anxiety and expectation regarding the impairment of quality of life, limitation and impediment to the exercise of daily activities, social and professional restrictions, thus generating high social and economic costs⁽⁸⁾.

In view of the above, this article was developed based on the following research question: How do people with venous ulcers perceive their existence in the face of these lesions?

OBJECTIVE

To verify the application of Merleau-Pontyan perspective on the physical and psychological implications of chronic venous ulcers in the existence of people who experience the disease.

METHOD

Ethical aspects

The development of the primary study complied with Ordinance 466 of December 12, 2012, of the National Health Council (*Conselho Nacional de Saúde- CNS*)/Ministry of Health, which, through its legal powers, establishes guidelines and norms that regulate research involving human beings. The research was approved by the Ethics and Research Committee of the *Hospital Universitário Antônio Pedro* (HUAP), being the results inherent to this article are extracted from the doctoral thesis titled: "Metaphysical ulcer: A theoretical construct from the existential perception of people with chronic venous ulcers" presented in the *Universidade Federal Fluminense*, in 2017.

Theoretical and philosophical framework

The phenomenological methodology was developed on the theoretical-philosophical reference of Maurice Merleau-Ponty when we present in his studies a broad and rigorous criticism to the positivist understanding of the perception by means of the revision of the concept of sensation, its relation with the body and with the movement.

Type of study

This is a qualitative study, of the descriptive phenomenological type. It was developed at the Wound Repair Outpatient Clinic

of Hospital Universitário Antônio Pedro, located in Niterói/RJ. Data collection occurred from June to December 2016, due to outpatient demand.

Methodological procedure

Hypothesis

The knowledge of the physical and psychological implications that the chronic venous ulcer presents on its patients can help in the development of the nursing conducts.

Study setting

The primary study, from which emerged the results presented in this article, was developed at the Wound Repair Outpatient Clinic of the Hospital Universitário Antônio Pedro (HUAP) located in Niterói / RJ, because it is considered a reference in the treatment of chronic ulcers that are difficult to heal. The data collection occurred from June to December 2016, due to the outpatient demand.

Data source

The study consisted of 36 participants, of whom 56% were female and 44% were males, with a mean age of 65.3 years, 77.8% were elderly (60 to 84 years) and 22.2% adults (41 to 58 years). The sample occurred by exhaustion, that is, by approaching all the eligible subjects that fit the inclusion criteria of the study.

Inclusion criteria were: adult and elderly patients with venous ulcers in one or both lower limbs, besides having cognitive conditions to respond to the interview, the preservation of which is perceived during the approach of the interviewer and confirmed in the medical record, since the sector attends patients with cognitive deficit and consent to voluntary participation in the research. The exclusion criteria were: adult and elderly patients with arterial ulcers and diabetic foot.

Collection and organization of data

The data collection and the use as a basis for this study was performed through a phenomenological interview recorded by means of MP3 player type recording equipment for later transcription developed by the researcher itself; in order to retrieve verbal and non-verbal communication, as well as the subjectivity of the other, we also used the unstructured observation of records made in field notes, through which the researcher makes a daily record of events and conversations.

The data collection through the phenomenological interview allowed us to experience significant experiences in relation to the ontic and ontological dimensions of the participants. The ontic dimension of this report includes the determination of the participants of the research, the scenario, the approval in the ethics committee, the setting in the study scenario, access to the participants and the signing of the free and informed consent term.

When they were invited to participate in the research and received detailed explanations of the research, objectives and how participation would take place, patients who met the inclusion criteria showed surprise and admiration for being a research that aimed to listen to their reports and capture their perceptions and from this moment the encounter occurred

in the ontological dimension, since the encounters occurred face to face, based on empathy, intersubjectivity and with the presuppositions left aside, with a view to understanding the phenomenon studied.

The interviews took place as follows: individualized, cherishing privacy; in a single moment; and in the outpatient clinic itself, in the space where they receive the care, because this place is familiar to the participants and because they feel comfortable in this environment. It was developed based on the following question: How do you live with the venous ulcer (s)?

Data analysis

The analysis of the speeches necessary for the construction of this study was based on the methodological proposal of Amedeo Giorgi⁽⁹⁾, denominated "Descriptive Phenomenological method in psychology", in which the author is based on the philosophical principles of Husserl to conduct researches as well as to offer steps practices and real examples for the application of a phenomenological method. The proposal of application of the method is composed of four steps, being: reading the interviews to get the idea of the whole; discrimination of the significant units from the description of the participants of the studied phenomenon; transformation of everyday expressions of the subject into phenomenological experiential language, with emphasis on the phenomenon being investigated; and synthesis of significant units transformed into a consistent statement of the learning structure⁽⁹⁾. After treatment, the data will receive discourse analysis in light of Merleau-Ponty's thoughts.

RESULTS

The analysis of the speeches of the study participants allowed us to identify that chronic venous ulcers act directly on the biopsychospiritual and socioeconomic spheres of their patients, promoting negative repercussions on their quality of life, these repercussions being brought to light through the nude of the "precept" uncover of each individual who through the experiences of the body enabled the researchers to know the essence and existence of the being in order to see that the commitment of the living spheres promote physical and psychological implications to the subjects studied.

The repercussions in the biological spheres appear in the speeches of the participants when they talk about living with the lesion and are referred to the signs and symptoms of the disease. Living with the disease promotes loss of functional mobility, leading to compromise of basic and instrumental activities of daily living.

Awful! It's pain, it's itchy skin. I cannot sleep at night. You put the leg up; you think it will relieve, but it does not relieve.
(Participant 5; 46 years)

It's always bloated. The foot does not move, it does not move! I cannot do anything, not at all. I'll do something, I'm sitting next. (Participant 7; 63 years)

The psychological character inherent in the lesions is brought to the fore when participants report their talk about how they

are treated by society and how they feel about it. The view of society is the result of different philosophical, mythical, religious and scientific conceptions, being the explanations related to historical moments and sociocultural realities that make the stereotypes and prejudices about the person with injury resist until the present day and sometimes affect the of the people affected.

It is difficult because it is esthetic, difficult question [...] most of the time a patient [...] Someone who does not know what is talking but is asking. People see the wrapped leg: "What happened?". (Participant 1; 65 years)

For me, certain places I do not even wear shorts, sometimes because I do not like; Not at home! But I do not like going to the street wearing bermudas. Because people keep asking, "What is this?", "What is this?", "What is that that is not healing?", "What is that that is not healing" Understood? It's annoying, right? Sometimes I prefer to put the pants up even when is hot to avoid these types of questions. (Participant 25; 58 years)

Spirituality emerges in the speeches of the participants as a way of "enduring" disease. It is evidenced that through spirituality the participants find comfort and help to experience the demands regarding the treatment of the injury.

I pray for that leg to heal and to these wounds not show up again. When I think it's going to heal, it doesn't. (Participant 13; 54 years)

It [the injury] was like that [showing the size with her hands]. Yesterday something black appeared, it hasn't happened before. I believe that it was already God's work to take away what could affect me worse, right! So thank God it's okay. (Participant 36; 65 years)

The social question is glimpsed in the speeches by means of the withdrawal from social life. People who experience the lesions of venous ulcers tend to change their experiential perspective as a consequence of the lesions that are perceived as a prison.

I stopped doing many of the things I used to do. Well, I enjoyed hanging out with my family. I'm not going out today. I feel ashamed, with my leg tied. (Participant 28; 66 years)

Ah! I used to go out a lot. I went out for walks, excursion ... Because of my problem I stopped. I do not do it anymore. With pain, in the midst of people, it bothers others, right? So I'd rather be alone ... I've isolated myself. I've isolated myself from many things. Because of [...] this problem in the legs. (Participant 35; 64 years)

Thus, issues related to living with chronic venous ulcer lesions tend to have repercussions on the economy of the person presenting the lesion. The economic repercussions are brought to the fore when participants address the high costs of treatment and work leave, and this can be a consequence of prolonged treatment and the need for when to carry out the clinical follow-up in the health system to be absent from the service.

[...] financially it is very difficult because the medicines are very expensive. I'm going through bad times. (Participant 1; 65 years)

Is very difficult; is very difficult. This takes me away from some possibilities [...] of everything, even of work. Understood? That's what it is. (Participant 8; 67 years)

Given the above, it becomes fundamental the discussions about how the philosophical perspective from Merleau-Ponty's point of view may contribute to the development of care. Therefore, it was decided to present the discussion by means of categories that responded to the proposed objective and presented the perspective inherent to the Merleau-Pontyan's thought, being these: Physical and psychological implications of chronic venous ulcers: care based on corporeality; Application of the Merleau-Pontyan perspective on the implications of chronic venous ulcers.

DISCUSSION

The physical and psychological implications that chronic venous ulcers provide to their patients are tied to corporeality, re-dimensioning the subject's understanding of the disease process. Thus, when we understand the subject who experiences the existence of the venous ulcer as a situation, in which the lived body is linked to the physiological and psychic, allowing the integration of existence⁽¹⁰⁾, we will be reflecting the corporeality of this being.

In this perspective, it is evident that the phenomenology of the perception studied by Merleau-Ponty, occurs through the apprehension of the senses, being apprehended through the corporeal attitude, aesthetic sensibility, autopoiesis and enaction⁽⁶⁾. Thus, perception will reflect the sum of the sensations inherent to the subject that, when they remain incarcerated in being, are devoid of meanings and disconnected from the experience that comes with the experience, being the perceptive experiences a body experience that passes through the body needing movement and feeling to exist.

The results of the research participants revealed two categories that allowed the discussion of the objective of this study: "Physical and psychological implications of chronic venous ulcers: care based on corporeality" and "Application of the Merleau-Pontyan's perspective on implications of chronic venous ulcers."

Physical and psychological implications of chronic venous ulcers: care based on corporeality

Chronic diseases are defined by the Ministry of Health as diseases that have a gradual onset, long duration, and can present multiple causes and variable clinical picture that can develop acute and incapacitating clinical responses that reflect on the lifestyle and work activity⁽¹¹⁾; In this context, chronic venous ulcers are inserted, which are expressed as lesions that cause the people who experience the aforementioned pathological conditions to be involved in the biopsychosocial spheres.

The speeches of the participants of the study bring as results the experiential experiences that these have as a function of the signs and symptoms inherent in the pathological picture and the consequences that the injury brings their lives. Thus, the speeches are immersed in the implications that the inherent injuries of chronic venous insufficiency cause.

The reports of the participants expose the clinical characteristics of the lesions that lead the patients to suffer with pain, edema and pruritus, as well as bring to light the fact that the lesions negatively affect their lives in what corresponds to the aesthetic part, bringing psychic suffering as a consequence of routine change inherent in the signs and symptoms of the injury, as well as the appearance of the dressings, making them more reclusive and changing the way they dress to hide the bandages that catch the attention of the "world" For injuries.

These findings corroborate a study⁽¹²⁾ that describes in detail the implications that wounds bring to their bearers in the biopsychosocial spheres. This study points out that the implications that wounds bring to the biological sphere are characterized by: intestinal changes, eating habits, metabolic, hydroelectrolytic, immunological, sleep and rest and ambulation; restriction of movement; limitations by pain, by the size of wounds; changes in skin integrity; susceptibility to infections; adverse and adverse drug and product side effects; inconvenient and inadequate treatments⁽¹²⁾.

The results described above also point to the financial difficulties that live with the lesion causes, being this inherent to the need of work leave for attendance in the consultations and early retirement result of the biological implications. These results have a negative impact on the life of patients who, when they leave or have a decrease in income due to absences in the service, cannot effectively maintain the prescribed therapeutic behavior because it presents a high cost to their financial reality, as well as causing the absence of social and leisure activities that affect the quality of life of this individual that starts to present psychic suffering and present psychological implications.

The psychological and social implications that venous ulcers bring to patients 'lives deserve to be highlighted, since this is present in the participants' speech in many ways, and this neglected speech is often neglected during clinical assessment and dressing.

The statements of the respondents corroborate with a study⁽¹²⁾ that points out that in the psychological sphere the implications that wounds cause are characterized by: alterations of the self-image and self-esteem; loss of self-confidence; feelings of disgust, anguish, depression, fear, loneliness, emotional inadequacy, self-defense, aversion, rancor, repulsion, inability and restraint; anxiety about wound evolution; fear of expressing their feelings; suffering from pain, prejudice and abandonment; dissatisfaction with changes in habits and routines; dependency for self-care; constraint on dependency; insecurity regarding odor and exudation; nonconformity and aggressiveness; emotional instability⁽¹²⁾. In the social sphere, wounds carry with them additional implications linked to financial demand; lack of financial freedom; need for specialized treatment; dependency for self-care; modifications in interpersonal interactions; changes in habits, routines and lifestyle; limitations related to the right to come and go; experience of prejudiced situations; feeling of social inadequacy; restrictions on information, learning and the labor market⁽¹²⁾.

The implications that the injury causes are diverse and vary from person to person, this variation being related to interpersonal relationships; the findings of the study point out that the physical implications are related to the signs and symptoms of the disease, while the psychological ones are linked to living

with the injury and the implications related to it, passing through how the people who present the lesions are seen by the "world". This finding corroborates another study⁽¹³⁾ which, based on the thoughts of the philosopher Merleau-Ponty, says that the existential changes, inherent in the disease and health phenomena, vary according to interpersonal relations, since relations permeated by trust and friendship, are able to contribute to patient recovery.

By means of the above, we can say that the implications of the wounds in the biopsychosocial spheres tend to have repercussions on the physical sphere, being projected in the body that reveals their existence sickened through the sensations and complaints of the sick subject, making the body healthy and predictable, the place of illness and the subject that starts to suffer with the symptomatic repercussions. These findings legitimize another study that results in the fact that the wounds cause in their patients the non-acceptance of the lesion and the chronic condition that it presents⁽¹⁴⁾, besides being of great importance in the life of the subject affected as a result of the deformities that this type of lesion causes, bringing as a consequence to the subjects different levels of depressive pictures⁽¹⁵⁾.

When we show through studies⁽¹⁶⁻¹⁷⁾ that diseases can contribute to the development of depressive disorders, through their effects on brain function or through the psychological or psychosocial effects they cause, we must develop behaviors in order to care for this clinical demand.

In view of the above and with a view to minimizing/eradicating the negative implications that chronic venous ulcer lesions cause as repercussion to the affected subject, it is necessary to develop a care for this public based on the concerns and complaints inherent to the person who experiences the lesions, based on the his experience in corporeity.

Merleau-Ponty reveals to us that corporality pervades the lived world and the perceived world, with bodily perceptions being the subject's "own world"⁽¹⁸⁾, that is, the experience of the person who experiences existence with chronic venous ulcers is what allows its recognition and perception of the injury, and this perception can be revealed by the feeling of the inherent implications of living with the disease. These findings corroborate a study⁽¹⁹⁾ that points out that health, disease and care are linked to a cultural system that involves the inherent experiences of the subject in front of the disease, the behavioral models adopted in face of this experience, treatment and therapeutic practices of evaluation of the results of the proposed conducts.

Thus, it is evident that the experiences inherent in the people who have the venous ulcers pass through the world and "return" to the body itself being through these experiences that is established the perception of the subject regarding the injury; this perception will act on the subject, reflecting on its biopsychosocial aspects and on the sensitivity that rests on the being, repercussions of negative way on the experiential spheres and being translated through signs and symptoms that have repercussions on the physical and psychic structure of the individual and about their family, work, affective and social relationships.

Therefore, it is necessary that the findings herein help in ducts aimed at clinical application.

Application of the Merleau-Pontyan's perspective on implications of chronic venous ulcers

The results described above and originated from the construction of the mentioned primary work, point out parameters that we must follow and is linked to the need to develop a care aimed at people who experience chronic venous ulcer beyond healing care.

The nurse responsible for attending this public should develop this assistance also based on the survey of the concerns that the patient may present inherent in the process of care and in the biopsychosocial spheres, so that the assistance becomes really effective and based on the real needs that this describe. These data corroborate a study⁽¹⁴⁾ that points out that care should be taken to develop nursing care with a view to attending to the psychosocial demands, through conducts aimed at enhancing and stimulating the person with chronic wound.

Thus, as we seek to fulfill the demands inherent to patients with chronic venous ulcers as discussed above, we must follow the first philosophical act described by Merleau-Ponty⁽⁶⁾ so that there is an understanding of the phenomenon that this public experiences. Therefore, the search for this understanding corroborates with a study⁽²⁰⁾ that is based on the thoughts of the aforementioned philosopher and points out that in order to understand a phenomenon, it is necessary to perform a "return to the same things", that is, to the "lived world", This being the most concrete horizon of our existence. Thus, when we understand how the individual projects himself /herself onto his/her "lived world" we will know how this projection will affect his/her existential space, that is, how the pathological issue influences his/her existence, and this understanding will help in the care.

Thus, when we develop the plan of care in an individualized way, based on clinical treatment, health guidelines and existential issues related to the patient's injuries, we can promote a more solid care and with a view to improving the quality of life of this patient receives the assistance, because we will have the real dimension of how it is for the subject that experiences the disease its daily existence and the implications that it promotes in its life and the repercussions that cause the people around.

Thus, by taking care of giving voice to the experiential report of the subjects, we will have the real dimension of the existential spheres affected and we will be able to act with a view to minimizing these inherent damages to the clinical picture, which will promote the reliability of the patient in our care plan, optimization of the treatment process and consequently improvement in the cicatricial process, minimization of the injuries inherent to the injury as an improvement of the functional capacity, which consequently will lead to improvement in the development of the daily activities and the quality of life.

Thus, the Merleau-Pontyan perspective makes us see that by showing through the results that the venous ulcers provide physical and psychological implications that compromise the biopsychosocial spheres, it is necessary to apply the identification of these findings in the construction of a care plan for this public, making it a multiprofessional feature. Therefore, it is necessary to provide, besides the assistance with the angiologist and nurse, psychological accompaniments with a view to promoting psychological care, because this public is extremely

affected by the consequences of the disease in the experiential spheres that directly affect the physical and psychological corporeality, besides of social worker follow-up, due to the fact that the disease promotes repercussion of social character as a result of work leave/early retirements.

Study limitations

One of the limitations to be considered in the development of the study concerns the sample selection to have occurred due to exhaustion, since it is considered an intentional selection method, without randomization. This fact may have influenced the answers since the participants presented a favorable attitude in participating and they felt grateful for the type of research in development, because this gave voice to their perceptions about living with the disease. However, we believe that the existence of this limiting effect was little; because what was requested during the research was that the participants expressed their experience of living with chronic venous ulcer.

We also point out the need for the results to be viewed with caution, since the findings are characterized by research in only one scenario, which may characterize the homogeneity in the profile of the respondents and in the experiences experienced by them.

Another limitation is related to articles on national and international bases that would contribute to the discussion about the thoughts of Maurice Merleau-Ponty articulated the theme of venous ulcer. This limitation emphasizes the importance of developing new phenomenological research on people with venous ulcers, providing a greater body of research, professionals and students in the field of health, considering the fact that venous ulcer presents high incidence and population prevalence.

Contributions to the area of nursing, health or public policy

Based on the results obtained in the course of this study, we find that the findings promote contributions to teaching by discussing the topic of venous ulcer under the methodological view of phenomenology, which tends to provide critical-reflexive thinking, by associating philosophy and nursing, which tends to promote a transdisciplinary approach on the subject in question, which tends to favor practice through the care process.

The study also provides contributions to the research regarding the discussion of phenomenological care developed by nursing, since this care is consolidated in the inherent way of being human behavior, which weaves the condition of being-in-the-world of the individual watched.

CONCLUSION

The results of the present study on the implications of chronic venous ulcers for those who experience this disease show that the lesions have a negative impact on the biopsychosocial aspects of the affected individuals, acting on the physical and psychological aspects in a significant way.

The perceptions of the study participants revealed by the results indicate that the existence of people with venous ulcers is based on the experience with the signs and symptoms of the disease that result in the loss of mobility, bringing to light the physical implications that affect the functional capacity.

The physical implications of venous ulcers tend to have repercussions on the psychic sphere, with those presenting the lesions suffering from: the clinical characteristics of the disease, the need to move away from work activities for clinical follow-up and with the aesthetic aspect that it presents; which tends to provoke social isolation.

Thus, we show that the biological characteristics of the subjects affected by the venous ulcer will have repercussions on their physical aspect, promoting influences along with the emotional and social changes from the clinical picture on the social aspects, as well as influencing family, work and social relations, compromising the daily activities and consequently reverberate on the quality of life of this individual who happens to suffer sanctions as a consequence of the limitations that the living with the injury represents. However, the study participants point to spirituality as an aid to coping with the clinical condition and the perceptions captured by the experiential lens.

By adopting the thoughts of the philosopher Maurice Merleau-Ponty, we have chosen to bring to the fore the subject of corporeality, because it is directly linked to the experiences that the individual lives and perceives, which points out to us the need to understand the "world" of the individuals affected by the lesions of the venous ulcers, with a view to unveil the implications that these denote their physical and psychological sphere, aiming at the recognition of the experiential points that suffer from the day-day commitment of these people. By recognizing the issues involved as a result of the injury to the individual's life, a more humanized care can be developed, with care based on the actual needs of the assisted subject, with a view to promoting a care that is not strictly curative and aimed only at wound healing. but an assistance focused on the biopsychosocial spheres, focusing on promoting the health of the person served, and this extended the family that also suffers along with its being the "injury living".

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