

Considerations regarding the experience of illness and suffering

Increasingly, studies that cover the academic production of the Public Health area point to the prevalence of epidemiological, quantitative and statistical studies that are highly relevant for dimensioning the health conditions of populations and for the planning and formulation of policies and interventions. The studies gathered in this issue are all in line with this trend except one that approaches the experience of illness from the psychological perspective, admitting that it is an expression of subjectivity, leaving aside the health-illness binomial to overcome the reductionism of medical practice and the relations of the person with the cultural, social, environmental and historical aspects.

Considering the experience of illness and suffering broadens the perception that transcends the limits of the objectification of biomedical knowledge and practice, which usually ignores the world of life and the existence of the ill, their daily lives, ways of acting, reacting, dealing with the body, health, illness and care, inexhaustible in their subjectivity because they are socially shared. The analyses focus on the subjects' actions, events, social relations, meanings, intersubjectivity, consciousness and projects¹. It is understood that the experience of illness and suffering is unique, without being attached to a transcendental ego, but to the ways in which individuals orient themselves in a world of relationships with others, with collective activities and plans¹.

Part of the North American literature on medical sociology and anthropology has used microanalysis from the standpoint of existentialism, phenomenology and hermeneutics, reflected in the Brazilian social health sciences geared to the experience of chronic diseases, using case studies, narratives, trajectories, and choices of treatments, decisions and actions around the health-illness-care process focused on events, actions, relationships, meanings, consciousness, intersubjectivity and the world of daily life.

The opposition of the experience of illness and suffering to social representations confines the latter to thinking and reflection, opposing them by doing and acting. Others articulated them, suggesting approaching the narratives to overcome the intersubjective dialogues, including them in the historical conditions of their production, circulation and reception, where they also originate.²

The intersubjective, biographical experience, the meanings, the interactive processes and the frames of reference internalized and learned by the subjects are not discarded. Their permeability is permitted to express and represent illness individually and collectively and the need to articulate analytical plans. Subsequent national studies articulated experience and social representations, combining theories and methods such as integrated constructivism³ and social representations, combining theories and methods such as integrated constructivism and phenomenology and socio-history⁴. Both considered the material, symbolic, objective and subjective elements and the micro and macrosocial dimensions. Pursuing integrated approaches to this and other issues continue to be highly pertinent.

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