

Theory of Social Representations and Contributions to the Research of Health Care and Nursing

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The publication of the seminal research that launched the Social Representation Theory (SRT) proposed by Serge Moscovici, that is about to complete 55 years this year of 2016¹, and since then has gained supporters of its original area, e.g. Social Psychology, which comes from other areas that identified opportunities and possibilities to their application for a better understanding of its objects and its practices. The works of Moscovici have influenced researchers from Europe, America and especially Brazil, because he proposed a psycho-sociology of knowledge, not dedicated exclusively to the knowledge production processes, but also to the impacts they bring upon their application in social practices, as the opposite is also real².

The introduction of SRT in the Graduate Anna Nery Nursing program was made by Professor Angela Arruda, from the Psychology Institute at Federal University of Rio de Janeiro (UFRJ, in portuguese, Universidade Federal do Rio de Janeiro) in the early 1990s, teaching that, according to Celso Sá³, who brought the theory to Brazil. Since then, teachers and students from Anna Nery School of Nursing (EEAN, in portuguese, Escola de Enfermagem Anna Nery) have been pushing hard going into a deeper understanding of the theory and contributing to the field through a variety of productions.

Since that decade, in Brazil, nursing has been building knowledge with theoretical and methodological support of social representations, exploring objects accustomed to the health and care of themselves and the others, in various fields of practice and performance contexts. This is because there is an important identity on the research concerns from nurses and to SRT, as this theory does not hierarchizes types of knowledge - science, common sense, beliefs and myths - while respecting their diversity and functionality, trying to understand its crossovers in the formation of representations and practices, crucial to understand health care.

Applying SRT in nursing research provides an opportunity to understand the representations built on care, which allow us to know the way that care is attributed to material reality which is the reference (to be established anchors), the explanations engendered that allow us to understand the behaviors, attitudes and choices of people along the paths that follow in their daily lives.

It means that, the application of SRT in studies of care, contributes to a wider understanding of people, their feelings and their processes of knowing and acting in the world, helping us to conduct the care in a therapeutic treatment that fits to the logic of the "other", which is for whom care is intended.

Social representations link the subject to the object, thought to action, reason to emotion, the individual to the collective; therefore, study the care via social representations opens up numerous possibilities for understanding not only the actions of subjects in the field of health, but the sense that they attribute to these actions in the face of the contexts in which they are produced, justifying the front options to realities that are presented to them. For this reason the representations feed the practices that, on the other hand, express the representations and also conduct their training in a reciprocal relationship.

In today's world, where we live in a changing society in constant transformation, increase the possibilities of application from the SRT, in the study of the typical phenomena from the culture of information, the unique feature of each group, and the various tribes of contemporaneity. Especially in the health field, the main interest of nursing, the theory helps us in understanding the intersection of medical and scientific knowledge with the traditional one, to unveil the mosaic formed by the web of meanings and socially shared values that form the health care.

Health care is multifaceted, keeping references the macro and micro contexts in which it is located. So, understand the web that builds is a condition for alleged professional activities

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to promote the health of populations. This involves expanding the vision to understand the relationship between the behaviors of people and variables such as culture, ethnicity, religion, social class, and political context, for examples.

In this endeavor, SRT indicates that in order to understand the process of construction of social representations, it is necessary to contextualize the object and the subject, inserting the conditions for the conclusion⁴.

People are historically determined and live immersed in a society and private culture, therefore, the care approach needs to be done considering the object (care), its agents and subjects. In the research of social representations, the health care and technologies acquire status of a psycho-social phenomenon, bringing together the knowledge produced by the area that delimits as the object of knowledge and practice in the field of health, but also express forms of being and acting based on cultures and ways of dealing with the body, health, disease and healing. For this reason, to access the conditions of social representations production by means of data collection instruments to be previously applied to other techniques is a condition to research them, allying to a good script of an object exploration to capture the route of the thought from the subjects and the dynamics of their actions⁵.

Much knowledge has been produced in the nursing field with the approach of SRT, and contributions from the theory to our discipline, and from this to the field of RS are undeniable; therefore, with 55 years old, the theory is a young lady who is leading us through a trail consisted by traits that, at the time they are firm, show themselves flexible enough to add their own news to a society in constant change, built by creative and active subjects, producers of knowledge, to do's and emotions, nuances that articulate, and which Moscovici captured so well and has offered to the Science.

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