ORIGINAL ARTICLE

Psychic suffering in the social representation of medical students

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ABSTRACT

The objective was to understand the social representations of students from a medical course about the mental health-illness process at a federal university in Bahia. This is a narrative research with a qualitative approach, carried out at a public university in the interior of Bahia. The participants were 83 medical students. Data were collected through an electronic form from May to June 2021 and analyzed based on dialectical hermeneutics. The results were grouped into two empirical categories, namely: social representation of psychic suffering related to the concept of expanded health, and social representation of psychic suffering related to a decrease in quality of life. The findings of this study point to a change in social representations regarding psychological suffering in the academic environment, highlighting the importance of thinking about medical training in relation to Mental Health-Illness Process in an autonomous, free and multidimensional way, considering mental illness only as a of the countless constituents of an individual's life.

Keywords: Mental health, Narrative medicine, Medical education.

INTRODUCTION

Historically, the mental health-disease process has been understood in various ways. From the beginning to the present time, this is due to different cultures, ways of perceiving life and human beings and to the changes in care over time[1].

A study conducted by Cortes[2] showed that people who used a mental health service in a large Brazilian capital did not have a single conception of mental illness, and clarified that the multiple understandings of the process of mental illness are not linear, that is, the most distinct conceptions that marked certain historical epochs are still present in the social imaginary.

In the field of psychiatric care, from the second half of the 19th century, it is noted that care practices have advanced aligned with social events and according to medical sciences. The understanding of mental illness as madness was based on the Hippocratic theory, which considers madness as a disorder of bodily moods, attributing the processes of mental alienations to physical disorders[3].

In the mid-20th century, Basaglia[4] proposed a new way of looking at mental health, putting the disease in parentheses and highlighting the subject through its potentialities and abilities rather than the disease. The way to care for people with mental illness was no longer within a hospital, but in the community where social exchanges are favored.

Basaglia[4] takes a critical stance towards classical psychiatry and the hegemony of centered biomedical power, arguing that the complexity of mental illness necessarily requires the intervention of multiple fields of knowledge. In this line of reasoning, the national policy of Brazilian Mental Health, guided by the Unified Health System (UHS), advocates inter and multi-

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disciplinary and community-based treatment for users of mental health.

Despite the change from the hospital-centric model to the psychosocial model - in which users are treated in the community - the social exclusion of the person in psychic distress and the stigma related to the disease are still present in our society. This shows us that it is not only from the deconstruction of the psychiatric hospital that the social inclusion of these people will be helped. Because of this, it is important to think about how we can include them in our social context and reduce the stigma around the disease[5].

In contemporary times, mental health care is guided by the Psychiatric Reform, however, social representations of the mental health-disease process are still perceived as anchored in the biomedical paradigm, reinforcing the exclusion and maintenance of social stigma. Thus, the perception of the person in psychic distress is associated with fear, lack of control and danger, referring to hospitalization and social exclusion[6].

Therefore, we align our understanding with the principles of Psychosocial Rehabilitation, which understands that the inclusion of people in the world of life necessarily requires the emancipation of citizens in psychic suffering and their different way of existing in society.

In the academy and during the teaching-learning process, the students of the various courses, especially those in the health field, have always had the most diverse conceptions about what is considered crazy and what is represented as madness, Most often appearing reproducing the ideas of common sense that the person in psychic distress is dangerous and incapable or magical religious conceptions, trying to explain the mental illness process as demonic possessions or spiritual influences[7].

Silva *et al*.[8] report an interesting experience in the Brazilian northeast, bringing to the surface the creation of an Academic League in mental health in the process of training students of courses in the field of health in a multidisciplinary manner and with the intention of academic training having the practices of psychosocial attention as guiding axes in teaching, in research and extension.

Thus, understanding the social representation in the narratives about the mental health-disease process that have been produced by undergraduate medical students can provide elements for the construction of teaching-learning strategies in mental health, more effective and increasingly closer to a care in ethical and human freedom.

In the field of social research, social representation can be considered a category of thought, action and feeling that explains reality, being therefore considered as part of the construction of reality, revealing the worldview of a given era[9].

Therefore, the social representations are contradictory, illusory and true, and can be considered as raw material for the analysis of the social and for the pedagogical action and political transformation by portraying reality. In this sense, the language of common sense becomes fundamental, seen as a form of knowledge and social interaction[9].

In addition to the changes regarding the social representation of mental illness, the postmodern world has highlighted chal-

lenges relevant to the field of mental health. Words like stress, anxiety and violence have been gaining prominence in our daily lives. The high level of demands of modern life, especially in the field of work, demands from citizens great capacity for physical, mental and social adaptation. These changes are associated with the accentuation and emergence of new forms of illness and manifestations of suffering[10–11].

In this perspective, the objective of this research was to understand the Social Representations (SR) of students from a medical course about the mental health process at a federal university in Bahia.

METHOD

The present study is a narrative research, with a qualitative approach, which has been used in the field of mental health due to its subjective and social power to give meaning and sense to human experiences[12–13].

The study was conducted at a public university in the interior of Bahia. Students over 18 years old who were enrolled in the medical course were included in the study; the exclusion criteria were: students under 18 years and/or those whose data/narratives were incomplete. The research was approved by the Research Ethics Committee (REC) under the opinion n. 3.126.843/19.

Before starting the data collection, all participants had previously signed the Informed Consent Form (ICF). The invitation to participate in the research was made through disclosure on the institutional website of the university, social networks of the Educational Institution (EI) and through an e-mail sent both to the collegiate of the medical course, requesting assistance in the dissemination of the research, as for the personal/institutional e-mail of the students of the course, consisting of: a text explaining the research, its context, its objective, its relevance and the link to participate in the research.

The data were collected through Google Forms, which contained a section referring to sociodemographic data and another one requesting a narrative with two triggering questions. The form was open for response between the months of May and June 2021. The data analysis was performed using dialectical hermeneutics. Hermeneutics enables understanding from the understanding of historical facts, everyday life and reality, while dialectics establishes a critical attitude when studying dissension, change and macro-processes[9].

For the presentation of the results, the participants were identified by the letter P, followed by the number corresponding to the order in which the narrative was built.

RESULTS AND DISCUSSION

The participants were 83 students from the medical school. Of these, 35 men declared themselves as cisgender (42.1%), 47 cisgender women (56.6%), one person preferred not to define their gender (1.2%); 56 students (67.4%) self-declared black or brown and 27 (32.5%) self-declared white. The course was presented under the cycle training regime in the institution that is the stage of this research (first and second cycles), 75 students (90.3%) were in the second cycle and 8 students (9.7%) in the first cycle of teaching.

Among the participants, more than half 49 (59%) said they were studying or

had already studied some curricular component that addressed the theme of mental health and 34 (41%) stated that they still had no contact with any discipline on the subject. Of the total number of participants, 33 (39.7%) were quota holders, 48 (57.8) had not entered university by quota program and 2 (2.4%) did not report this datum; 34 (40.9%) students said they lived alone, 28 (33.7%) said they lived with a friend/colleague, 19 (22.8%) with some family member and 2 (2.4%) in university residence. Table 1 describes the age and time spent studying at the institution where students were when they responded to the survey (in years).

Table 1 – Age and time at the institution when students responded to the survey (in years). Bahia-BA, Brazil, 2022. (N= 83)

	Mean (years)	N	Minimum (years)	Maximum (years)
Age	29.3	81*	21	52
Time at the Federal University	5.5	83	1	10

*Two participants did not report the age.
Source: The authors; 2023

The following empirical categories emerged from the narratives: 1. Social Representation (SR) of psychic suffering related to the concept of expanded health; 2. SR of psychological suffering related to the decrease in quality of life, with subcategories - 2.1 Stressors of daily life in modern times and 2.2 Loss of autonomy in everyday life.

1- SR of psychic suffering related to the concept of Expanded Health

The concept of expanded health, used by the Unified Health System (UHS), including mental health, arises from the Eighth National Health Conference describing, it as a set of social, biological, psychic, economic, cultural and singular issues, added to the care integrality[14]. Thus, it is understood that care cannot be fragmented or focused only on curative issues, as this would reinforce the biomedical model of understanding the health disease process[15].

According to Gadelha and Catanio[16], mental health care practices oriented by the psychosocial mode of care - which goes in the opposite direction to the biomedical model - are surrounded by challenges, considering that they can still bring remnants that refer to the manicomial model of care, culturally present in the way of thinking and producing health, in the social imaginary, in the day-to-day services, in coexistence in the collective and essentially in the formative processes. The presence of the diversity of nuclei in the construction of the field of mental health demands the expansion of its conceptions and the need to develop interdisciplinarity since graduation, only then to reach the integrality of the subject, putting the disease in parentheses as Basaglia proposed[4].

Integrality can be defined, even in the context of mental health, as a broad

term that covers several meanings, ideally one of a psychosocial vision that opposes the reductionist Cartesian view that influences the sciences and especially health. In the context of the UHS, it emerges to criticize the duality between public health practices and care practices, transforming a fragmented and vertical model into unified and integrated practices based on the needs of the population. It is important to emphasize the concept of integrality in this articulation between social and economic public policies to subsidize interventions on the social determinants of the health-disease process[16].

In strictly academic terms, the new model proposed for training in the cycle model proposed by Brazilian universities after the Restructuring and Expansion of Federal Universities (REUNI) responds to current curricular guidelines in health and the principles of the *Pró-Saúde* program, corresponding to the challenge of training professionals capable of providing integral and humanized care to the community, in accordance with the USH guidelines.

The courses in the health field at the university stage of this study are structured in two cycles, namely: the first cycle with a concentration area in Health-Disease-Care Studies and the second one focusing on Primary Health Care (PHC), which aims to train professionals able to provide health care in an integral and expanded form. The cycle regime seeks to form a new student-professional profile, able to continuously learn, understand and critically analyze scientific knowledge, technically skilled, but without neglecting health promotion or humanistic requirements, ethical and supportive for health work in the UHS.

The present study evidenced several perceptions shared by students, loaded with particularities described through their understandings, personal and academic experiences about the Mental Health-Disease Process (MHDP). One of the social representations was linked to the concept of expanded health, where some participants reported having a more comprehensive view of MHDP and not only a biologist idea about this phenomenon, as can be observed in the following narratives:

"[MHDP] It is a situation in which external, social, economic, biological, and other conditions become unbalanced in a way that affects the mind." – P10

"Related to emotional difficulties and mental disorders of social, biological, genetic, environmental or/and spiritual origin. They are linked to our individual and collective vulnerabilities." – P15

"It is an unfortunately common process nowadays, especially in certain social environments. Several factors can contribute to this process, mainly social and professional pressures, stressful and toxic family, work and academic environments." – P39

The concept of extended health considers the psychic illness related to the social determinants of health; the literature presents a variety of definitions that contemplate the living and working conditions of individuals, their conditioning and triggers, as well as mitigating factors and actions to support vulnerability situations. In Brazil, the *Comissão Nacional sobre os Determinantes Sociais da Saúde* (CNDSS - National Commission on Health Social Determinants) conceptualizes social determination as "social, cultural, ethnic/racial,

psychological and behavioral factors that influence the occurrence of health problems and their risk factors in the population"[17].

The participants demonstrated having the perception that the causality of the process of mental illness is related to the social determinants of health, becoming evident how the influence of these determinants directly affects the MHDP:

"Mental illness refers to the imbalance between physical, social, cultural, historical, spiritual and psychological well-being caused by stressful situations, environments, contexts and social determinants." – P45

"It may be linked to a physiological disorder, but it is usually a phenomenon that is socially determined. An unequal, impoverished society, marked by inequalities and violence, is usually a society with a significant number of people suffering from mental suffering." – P65

"Internal and/or external process that disorganizes the individual, compromising their executive functions." – P77

In medicine, according to Gomes *et al*.[18], the SR of the medical professional has been the object of debate and study mainly concerning its relationship with the constitution of a social ideal and the historical context related to the profession. When relating the SR about the figure of this professional to the very concept of health, two very significant and occasionally conflicting points of view can be seen. One of them is related to a reduced concept of health, in which the doctor is associated with the exercise of purely welfare practice motivated by cause and effect; the other, to the extended concept of health in which the medical professional exercises an important function of understanding the social influence on the process of health-disease-care and, therefore, involves aspects of treatment, limitation of the damage associated with a practice of health promotion and prevention of diseases. The latter has been designed for this professional category[18].

In this logic, a conception based on an expanded health model, in turn, influences directly the care and conduct that these students of the medical course, who will soon become professionals, will have in the near future as health operators in the context of the various network equipment.

The narratives highlight that the training of these students in relation to MHDP has been strongly marked by an expanded understanding of this phenomenon and that necessarily the individual, family and community need to be understood and assisted according to the various determinants of the health disease process.

2 - SR of psychological suffering related to the Decrease in Quality of Life

According to Rocha *et al*.[19], the characteristics inherent in the social and economic context provide inequalities from the moment that the individual is exposed to situations and environments of vulnerabilities, which affects their health, their well-being and their quality of life. The students narrated their understandings regarding the binomial health/disease and its relationship with well-being and quality of life, from their own experience of psychic suffering, showing SR about the MHDP linked to the reduction of their own quality of life:

"Any progressive process that limits the quality of life and the execution of daily activities, such as deep sadness, generalized anxiety disorder, or depression. [referring to himself]" – P24

Study conducted by Lourenço *et al*.[20] sought to identify and understand how medical students who claimed to be in psychiatric care felt, and the aspects that influence this process. The study showed that mental suffering was potentiated throughout the course. Discovering the diagnosis of mental disorder and the performance of psychiatric and psychological follow-up were described as moments of relief and greater individual understanding by the students. Therefore, when the students themselves observed this suffering, the stigma was perceived as a limiting factor for the search for help, which ends up delaying the care process.

Another study, conducted with 248 students from another Medical course analyzed and compared the scores of symptoms of psychiatric disorders in students at different periods over three years of graduation, discussing the context of mental health longitudinally during the training process. Both the students of the initial classes and those who were evaluated from the middle of the course showed a significant increase in the worsening in mental health of Common Mental Disorders (CMDs), between the period analyzed. The level of excessive daytime sleepiness was also compared among them, which presented oscillations during sleep-wake periods [21].

This fact corroborates the narratives of the students in this article, where they related the excessive burden of study and work, the decrease in quality of life to CMDs as anxiety and depression:

"It may have an organic or non-organic nature, resulting from a fast-paced daily routine, a common mental disorder, or accelerated thinking syndrome." – P22

"[...] I believe it involves problems such as depression, generalized anxiety, burnout, which are disorders in which there is a loss, among other things, of the ability to deal with these difficulties of daily life." – P57

According to the World Health Organization (WHO)[22], about 20% of the world's population suffers from some degree of depression. And anxiety affects 80% of people, from children to the elderly. This number has been increasing significantly in recent years, particularly due to the effects of the pandemic, which are linked to the availability of mental health services and how it changed during the public health emergency. Events during and after the COVID-19 pandemic period further increased the global prevalence of anxiety and depression by 25%[22]. This has led to the inclusion of mental health and psychosocial support in approximately 90% of countries around the world, regarding their COVID-19 response plans, still remaining several gaps and concerns to be addressed.

In relation to the context of mental health of students in medical schools, a study conducted in a Higher Education Institution in São Paulo also revealed a significant increase in the prevalence of burnout cases in 1st year students, when compared to others. However, it is inferred that this syndrome is a chronic condition and that there are few expectations of improvement throughout the entire graduation[23].

Contemporary social patterns contribute to an accelerated lifestyle, focused on the consumption of goods and information, which are associated with various psychiatric pathologies, such as compulsive thinking disorders, panic-related disorders and, commonly, the increase in the incidence of ideation and suicide attempts. The new models of social interaction in a globalized world dictate extremely immediate ways of living, which in turn disregard even the process of construction of thought, limiting the individual - in the case of the own student - to exercise their daily activities, as narrated by the students, below:

"Impact on the individual's psychological well-being, hindering the development of their daily life." – P21

"Excessive tiredness, changes in sleep, irritability, changes in eating habits, concentration, etc." – P51

In our capitalist society, the health-disease process reflects the contradiction between capital and labor. Transforming work processes and society into healthier spaces involves the opposition to the logic of capital: putting life and health above profit[24]. It is noticed that the psychic well-being passes through issues related to the means of production and the way we organize ourselves in postmodernity. Exhausting working days, without adequate time for rest, seem to raise what is called profit or results of organizations. However, this logic creates losses for its employees, affects the basic activities of daily life such as sleep, eating and mental state in order to harm the quality of life and, consequently, the mental health of individuals.

2.1 Stressors of daily life in modern times

We are inserted in a context where the socioeconomic model based on neoliberalism impacts everyday life, acting as a means of various forms of psychic suffering. Some narratives related aspects of mental health to mental exhaustion caused by overwork and related to the accumulation of everyday stressors.

"I understand it as a state of mental exhaustion caused by the wear and tear generated by excessive stress, whether it is caused by work, interpersonal relationships, among others. All of this can generate a state of fatigue, irritability, a feeling of constant tiredness, and a multitude of other signs." – P66

"We are required to produce and almost never to think about basic things in our existence, such as "who we really are". This logic is unhealthy and has precipitated and brought about various processes of mental illness." – P72

The interviewees highlighted that activities inherent to daily life are contributing factors for mental illness in post-modernity. It can also be seen that the lack of quality of life due to an accelerated and production-oriented life was related to SR made of mental health disease process.

The neoliberal logic understands the human subject and its activity as a resource, in such a way that it contributes to the various forms of physical and mental illness. It compromises the ethical principles and makes human relations a competitive environment, producer of violence and social vulnerability[25].

"Frustrations, pressures and internal and external demands that we experience on a daily basis, serve as triggers or also as aggravating factors in the processes of mental illness." – P57

"Caused by stressful and determining situations, environments, contexts." – P45

For Campos[26], factors linked to the capitalist society of precarization, subordination and alienation imposed on the working class contribute to the process of mental illness - not only the absence of but also encompassing a low quality of cognitive or emotional life.

"I believe that mental illness is independent of the existence of psychiatric pathologies and can occur in anyone when experiencing situations of stress, trauma or other types of adversity." – P58

Other students' narratives related the level of daily stress with MHDP, especially when the individual is prevented from performing their daily life activities due to a mechanism of exhaustion. A study conducted with medical students from Pernambuco observed high levels of stress, regular quality of life, poor sleep and high rate of students with suspected diagnosis of mental disorders. The authors discussed how the academic routine in medicine has a negative influence on the students' mental health, especially due to the extensive workload of the course[27]. This debate dialogues with the following narratives:

"It is when the stress of everyday life causes excessive physical and mental fatigue [...] which can even prevent you from carrying out normal daily activities." – P32

"It affects those who have a very busy life, often bringing fatigue, in addition to the fact that the person is happy or not with what they have to do daily or with those they have to deal with." – P82

The speeches show that the socioeconomic model based on neoliberal principles influences the state of mental well-being of students, the logic of producing something of value all the time reduces the available time for leisure activities. This is evidenced by the examples that a daily life with overload of activities can cause mental fatigue and provide the emergence of a process of mental illness.

The interviewees' speeches also reveal little reference to terms related to MHDP as depression, schizophrenia or any other disorder, be it mood, psychotic or affective, which denotes an expanded understanding of the process of mentally ill, encompassing concepts related to multiple dimensions such as well-being, quality of life, stress, fatigue, frustrations and happiness.

2.2 Loss of autonomy in everyday life;

According to Mendonça[28], every individual needs to have autonomy to act the way they judge best or convenient according to their life project, being their self-determination the focus so that they can make their own decisions, having the freedom to make them, aware of their consequences for human dignity, intrinsic to each person.

The students of the medical course, in the present study, demonstrated to have an understanding about the individual who suffers mentally linked to their loss of autonomy:

"Decreased or lost ability to perform daily tasks, with harm to physical and

cognitive abilities and interaction with others." – P8

"Mental illness is when suffering prevents you from doing everyday things or causes you social embarrassment." – P36

"It generally manifests itself with signs and symptoms of fatigue or other emotional issues and sometimes interferes with daily activities and work." – P47

"...it causes the person to stop carrying out activities in their life, whether they are the simplest or the most complex, and this can sometimes reverberate in symptoms throughout the body." – P51

In the context of mental health, the mentally negatively affected individual may have their autonomy compromised while their comprehension abilities about the facts, their practiced acts and even discrimination on analysis and prevention of effects associated with their decisions may be harmed[28].

The individual in mental distress, in most cases, does not abdicate consciousness, which allows their reintegration into society, however, years after the implementation of the Psychiatric Reform, the view about it, not only of students, but also of the population in general is still the loss of autonomy and ability to make decisions, and questions about self-determination of the mentally affected ends up being reduced to the diagnosis often linked to an "International Classification of Diseases (ICD)".

According to Silva and Andrade[29], there is still little investment in actions to promote care and treatment concerning the rights of people in mental illness. Autonomy needs to be thought of as a concept linked to the exercise of citizenship and knowledge of rights and ability to claim if their rights are not respected. The professional practice of future doctors in training should ideally be based on maintaining behaviors that are not overloaded with behaviors, diagnoses and therapeutic options in order to divert possible legal demands, because this practice benefits the physician in the first place, not the patient's interests.

The collaboration of health professionals is essential in care, being fundamental in the approach to the user the demonstration of respect and attention for the human person, their screening for ability to exercise their daily activities without the help of another family member/caregiver, whether partial or total, attention to their fundamental rights of freedom, personality and personal integrity.

FINAL THOUGHTS

It can be learned from the narratives of students that psychic suffering is represented from an expanded concept of health, in which integral care is valued without disregarding the aspects of social life that may influence illness. Thus, the social representation of the mental health disease process is approached with the understanding of the Psychiatric Reform, in which the stressors agents as well as the loss of autonomy are considered as illness-causing factors and that need to be inserted in the construction of the care plan, in order to displace the formation and care of the only biological perspective.

The findings of this study may point to a change in social representations about psychic suffering in academic environment, highlighting the need to think medical edu-

cation in relation to MHDP in an autonomous, free and multidimensional way, considering mental illness only as one of the many constituents of the individual's life, putting it as "suspended" or between parentheses in a Basaglian perspective, having the Psychiatric Reform as compass.

In this perspective, new future medical professionals should be trained, bringing the understanding of the mentally suffering to the centrality of the care process, considering all possibilities of concrete and symbolic life of the person, providing with possibilities to build their own world of care in a logic based on their autonomy, being only technically illuminated by the health professional.

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1- Substantial contribution to the design of the study or interpretation of data - PHP, HMC, VSS, MSA

2- Participation in writing the preliminary version - VSS, MSA

3- Participation in review and approval of the final version - PHP, HMC

4- Agreement to be responsible for the accuracy or integrity of any part of the study - PHP

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