

THE DISCURSIVE CONSTRUCTION ABOUT HEALTH-DISEASE IN THE MEDIA: THE CASE OF A HEALTH INSTITUTION OF RELIGIOUS CHARACTER

A CONSTRUÇÃO DISCURSIVA SOBRE SAÚDE-DOENÇA NA MÍDIA O CASO DE UMA INSTITUIÇÃO DE SAÚDE DE CARÁTER RELIGIOSO

LA CONSTRUCCIÓN DISCURSIVA SOBRE SALUD-ENFERMEDAD EN LOS MEDIOS: EL CASO DE UNA INSTITUCIÓN DE SALUD DE CARÁCTER RELIGIOSO

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ABSTRACT

Objective: to assess the discursive construction of the health-disease process at the radio station of a health institution of religious character. *Method:* exploratory study of qualitative approach based on interviews conducted with two persons responsible for the institution. Data analysis was performed taking the thematic content analysis as reference using the category "social participation in the media". *Results:* data analysis enabled understanding three empirical categories: the communication management at the radio station; the model of health communication at the radio station; and the spirituality in health in the radio communication. *Conclusion:* it was found that the management of communication was not democratic and that the model of communication in health was based on the broadcast of content to inform and not to educate Spirituality permeated all programming through the discourse that proposed this dimension as essential for health. *Descriptors:* Media; Community Radio; Social Participation.

RESUMO

Objetivo: analisar a construção discursiva sobre o processo saúde-doença na rádio de uma instituição de saúde de caráter religioso. *Método*: estudo exploratório de abordagem qualitativa, com base em entrevistas com dois responsáveis pela instituição. A análise dos dados foi realizada tomando como referência a análise de conteúdo temática, a partir da categoria de análise "participação social na mídia". *Resultados*: a análise dos dados propiciou a compreensão de três categorias empíricas: a gestão da comunicação na rádio; o modelo de comunicação em saúde na rádio; e a espiritualidade em saúde na comunicação da rádio. *Conclusão*: depreende-se que a gestão da comunicação não era democrática e que o modelo de comunicação em saúde estava fundamentado na transmissão de conteúdos com o objetivo de informar e não de formar. A espiritualidade perpassava toda a programação, pelo discurso que propunha essa dimensão como primordial para a saúde. *Descritores*: Meios de Comunicação; Rádio Comunitária; Participação Social.

RESUMEN

Objetivo: analizar la construcción discursiva del proceso salud-enfermedad en la radio de una institución de salud de carácter religioso. *Método:* estudio exploratorio de enfoque cualitativo, basado en entrevistas llevadas a cabo con dos responsables de la institución. El análisis de datos fue realizado teniendo como referencia al análisis del contenido temática a partir de la categoría de análisis "participación social en los medios". *Resultados:* el análisis de los datos permitió comprender tres categorías empíricas: la gestión de la comunicación en la radio; el modelo de la comunicación en salud en la radio; y la espiritualidad en la salud en la comunicación de la radio. *Conclusión:* se encontró que la gestión de la comunicación no era democrática y que el modelo de la comunicación en salud se basaba en la transmisión de contenidos para informar y no para formar. La espiritualidad impregnaba toda la programación por medio del discurso que proponía esa dimensión como elemento esencial para la salud. *Descriptores:* Medios de Comunicación; Radio Comunitaria; Participación Social.

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INTRODUCTION

Communication has been expanding in a manner never seen at other times due to the use of different media platforms, with which institutions of all kinds communication strategies to make them visible in the face of many contents, information, and symbols present in social life. In this context of media boundaries expansion, new forms of communities appear. They are defined by voluntary, temporal and tacit affiliations, intellectual ventures in common, and maintained through mutual production and reciprocal exchanges of knowledge.¹ The present study highlights community radios, since they represent a space for democratic participation of the population.

The idea of bringing information and health education through the radio started in 1923, and Roquete-Pinto was the first one to convince the Brazilian Government about the potentiality of the radios for campaigns, a fact that remains until today in Brazil and in the world. What updates and transform this discussion is the use of the radio as a mediator instrument to promote social participation in various fields, including health, offering dialogical and participatory spaces for social subjects to build knowledge and socialize information.3-4

The communication actions of community radios, when opened to the population of a given territory, enables them to turn public their health needs and the actions required to perform with respect to their health-disease problems. They also favor the emergence of other health issues different from those of the governmental sphere, ^{5,3} which are commonly disclosed by the media in the form of campaigns. This communicational action can also become a key element for health management and social control in the Unified Health System (UHS).⁴

Community radios have been used by some institutions (such as the Municipal Health Council of Nova Friburgo, State of Rio de Janeiro), whose purpose is to support social control actions, because these radios enable interaction between different sectors. They also favor their visibility in discussions about health and, in a more transparent manner, they allow that the possible management deficiencies are discussed.³ Other examples are the Pastoral da Criança and Oboré company, which are special projects in communications and arts. Both institutions conduct programs with specific health issues aimed at the rural and urban populations

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seeking to inform citizens about treatments and to develop health education concerning the problems of each region.⁶ In addition, the community radio has been performing as a space of social participation, and the health institution claims for the performance of public power to work on the issues that are at the root of social determination of the health-disease process.⁷

The intention of this study is to enhance the potential of community radios for the formation of social subjects committed to the transformation of living and health conditions of the different social groups.

OBJECTIVE

• To assess the discursive construction about the health-disease process in the radio programming of a health institution of religious character.

METHOD

This is an exploratory study of qualitative approach conducted in the radio station of an inpatient unit of a religious institution located in the greater São Paulo, state of São Paulo. This is a long-stay hospital, where the subjects are residents and exhibit some degree of intellectual disability with or without physical impairments associated.

The residents of the institution are admitted without any distinction as to religious belief, nationality, race, sex, or age group. The treatment offered relies on an interdisciplinary team whose mission is to promote social inclusion and complementary spiritual therapeutic treatment. This proposal included the use of mass media to bring doctrinal knowledge to the population, as a way to prevent oppression and suffering with the radio being one of the media devices.

The subjects of this research were two persons responsible for the institution. We collected data by means of open interviews with questions such as: What led the institution to have a radio station? How are the issues established and the contents used at the radio station? Do the professionals of the radio station accept contributions from the public? How are health issues addressed at the radio station? Does the institution or its researchers seek to disclose health issues on the radio? Do the professionals of the radio station seek the admission unit to establish health issues? How is spirituality addressed regarding health issues in programming? The answers were recorded by the researchers in the interview form.

Data analysis processed the content obtained by the researchers during the



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interviews, taking Bardin's proposal⁸ as a reference for the thematic analysis of contents. The quantity and quality of the notes allowed the classification of meaning elements that constituted the message.⁹

RESULTS AND DISCUSSION

The radio station is located in the hospital and reached initially small part of the State of São Paulo. However, since 2001, the radio has been using the most advanced electronic communication systems, such as the Internet and digital satellite, which expanded access to remote regions of Brazil and part of the Latin American continent.

Social participation in the media was the chosen category for data analysis, understanding it as a social situation to be constructed intentionally from the political will of the individuals involved in it. In this perspective, the communication manager makes his technological knowledge available for the social groups, so that they can perform mediatized communication through a media vehicle or community-wide reach. 10 Under this theoretical perspective, the material collected allowed the construction of three empirical categories: (a) the communication management at the radio station; (b) the model of health communication at the radio station; and spirituality in health in the radio communication.

♦ Communication management at the radio station

In this category, the selection of health issues, contents, and the actors for the construction of this process in the radio station were taken into consideration. The radio has the Friends Club, which features the participation of collaborators, volunteers, and listeners who, according to the initiators of the project, have always been the basis to give direction to the activities at the radio station. However, the discourses revealed that the management of the communication was institutionally controlled and communication was unidirectional. The person responsible for the radio highlighted that the agenda was performed by the editorial board and had informative and not cultural purpose, and the programming included mainly news, with diversified content and, sometimes, the news had already been disclosed newspapers and magazines.

The literature on the subject shows that editorial boards can assist the broadcasters to find a management model of communication in accordance with the proposal of democratic, horizontal, and dialogical

communication of community radios, whose stream of information should be free and the management democratic.¹¹ The perspective and the communicational proposal were recognized by the respondent, who stressed the fact that currently there are not receivers of messages or listeners, since the goal is to build the programming together at the radio station, all suggestions are accepted. However, there is the exception of those who the radio in order to seek themselves.

The achievements in the health of the population and the activities of technicians by influenced he health can communications. 12 To that end, communication actions must be participatory and dialogical, between the professionals and the population, in order to overcome the dichotomy between the technical knowledge and common sense knowledge, enabling the transformation of everyday However, there is some resistance to this opening. Such resistance is often due to the inexperience of managers professionals with this form of management. The core of the resistance is based on the view that the participation of the population would not contribute to the process at all. 15

It is worth considering that the vision of the initiators of the radio project has changed with the emergence of more plural and advanced forms of communication and with the consolidation of a Religious Foundation focusing on doctrinal disclosure through books, radio programs, television, and the Internet. Although the communication at the radio station is re-created, it keeps the focus on the transmission of doctrinal religious principles as the means for preventing oppression and suffering.

The expansion and the use of massive communication media were also incorporated into the popular and community communication; however, they should always keep the collective initiatives or the popular movements organizations and in their foundation protagonists and main recipients.11

♦ The model of health communication at the radio station

In this category, certain principles that generate and control the communication of health issues in the radio station were taken into consideration, determining how communication is built, represented, disseminated, and operationalized. One of the respondents stressed that some researchers of the institution were called to communicate the results of their research on the radio.



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However, what has been researched should be considered of interest of the public that listens to the radio.

Health communication proposed by the radio enables social participation of residents or institutions reached by the radio station with respect to issues related to health problems, since only those who possess technical knowledge are called to speak. This prospect of having the population only as depository of others' knowledge is criticized when the emancipation of the subject is sought through education, his which is very common in traditional and modern public health.

Respondents stated that the campaigns developed by the institution were disseminated by the radio station, such as: "the religious dinners", "religious companies", and auctions, among others. There was also disclosure of campaigns of the Ministry of Health. New technologies were adopted at the institution as an instrument to transmit information.

One of the respondents stated that there was an advance in the institution for the treatment of individuals with intellectual disability and that the results of the studies were published in conferences, scientific journals, and on the website of the institution. He pointed out that not all of the studies were disseminated on the radio, because there was no systematic exchange between the team of the inpatient unit and the editorial staff of the radio station. The institution did not offer the health contents to the radio in order to maintain a process of communicative approach with the community and disclose health issues.

The possibility of using the radio as an instance that enables the health educational process for social control over the institutions that provide health services was not exploited by the managers of the hospital, even though this potential had been recognized. These data are in line with the data of a study⁴ which found that public institutions and their managers were away from discussions about the importance of participatory democracy as a constituent of living conditions and health of the population.

The respondents stressed that health communication in the media was not exploited by researchers at the hospital and that there were no other researchers outside the institution interested in assessing issues of health communication. The present study is a pioneer in the institution by addressing health communication and the radio station. Health communication is gaining more and more

importance and privileged spaces in national and international debates as a strategy for building health cultures. It is important to highlight the importance of that have been excluded and discourses legitimize health communication and education as strategy for human a development. 18-19-20

The inclusion of other discourses and the opening of dialogue with the public make it possible to understand the health-disease process and seek alternatives to intervene over the roots of health problems.²¹ To that end, it is not just a mere transfer of technical information; it is necessary to build mutual knowledge in order to establish a consistent dialogue between the parties concerned.¹⁶

The analysis of the data showed that the communicational model was based on content transmission, what constitutes education of vertical type, "antidialogical", whose goal is to inform and not to train.

♦ Spirituality in health in the radio communication

This category referred to the issue of spirituality in health and how it was treated in the radio programming. Spirituality in medicine is defined as the aspect that conveys meaning and purpose to individuals' lives. In addition, it is recognized as a factor that contributes to the health and quality of life of many individuals. The institution has religious practices as one of its foundations, which have been performed for several years and do not come into conflict with conventional medical procedures.

There is evidence that the religious practices associated with the treatment of individuals with intellectual disabilities produce positive results in clinical and behavioral evolution, because they emphasize healthy life habits, satisfaction with life, social support, and lower rates of stress and depression. According to the respondents, the main focus of these radio programs was mental health, bringing humanism to health care.

Some authors consider that, along with the current large technological advances, there is a growing need for spiritual search, which plays a role of production of sense, offering logical and coherent character to everyday events. ^{22,24} This search will eventually impact positively on the health and functioning of individuals' lives. ²⁴

The fact is that, currently, the mechanisms to search mystical-religious explanations for situations of fragility and suffering are highlighted. These situations result from the



effects of the globalized social perspective regarding subjectivity. One of those effects is lack of protection, ²⁶ as pointed out by other authors ^{21,27} with respect to the use of drugs:

It is not for nothing that they [drugs] have constituted an important consumption option to mitigate the damage arising from unemployment and the flexibilization of work, lack of social protection, and the replacement of ties of solidarity by the pitfalls of competition. 27:448

In this respect

[...] messianism spreads widely in the Brazilian social imaginary. The helplessness, now converted in desolation and masochism, leads irresistibly to subjectivities in the frantic search for those who save the miseries of malaise and offer some form of possible protection due to the absence of an effective legislator. Religiosity develops with such intensity in Brazil today due to the spiritual search for protection in the face of the outrageous inability of earthly instances to promote it minimally. 28:75

therapeutic The institution used the spirituality as a treatment based on complement to medical treatment and disseminated such knowledge and beliefs in the media. Such discussion was not exclusive of one program, but permeated the whole programming. radio According individuals responsible for the radio station, the spirituality were not isolated in a specific program, these contents were diluted in the whole programming; the issues of the functioning of life were addressed. The option of those responsible for the radio station of not including specific programs that dealt with spirituality reinforces the technique of dilution. This is a strategy that turns a strange phenomenon to the social body into a neutral phenomenon without causing ideological confrontation.²⁹

FINAL REMARKS

The thematic content analysis revealed three empirical categories: communication management at the radio station; the model of health communication at the radio station; and the spirituality in health in the radio communication.

The communication management at the radio station contrasts with the proposal of the democratic management of community radios, which proposes a horizontal and dialogical communication, based on collective initiatives or popular movements and organizations as protagonists and recipients. Although the radio recreated itself and incorporated new technologies, it kept the focus on the goal of informing religious

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doctrinal principles as a means of preventing oppression and suffering.

The model of health communication at the radio station was based on the transmission of content. It constitutes the educational model of vertical type aiming to inform and not to educate, a proposal that comes from banking education, occurring together with the search of broader social contradictions related to the roots of health problems. Communication as an instance that enables participation, social control, and human development was tenuous at the institution and at the radio station, even though its proposal is essential.

Spirituality in health in communication was central, constituting one of the leading contents in the radio programming. This discussion exclusive of a program, but was permeating all programming, which regarded spirituality as an essential factor for the functioning of Such a perspective is sought by increasingly larger portions of the population, seeking in religiosity the protection that they cannot obtain from other social institutions in the face of the current malaise.

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