FIREMEN SOCIAL REPRESENTATIONS OF HEALTH, WELL BEING AND MENTALHEALTH

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ABSTRACT

The present paper aims to determine firemen social representations of Health, Well Being and Mental Health, using an adaptation of a questionary of conversational notions by Pereira O.G.& Brito S. (2023). Those conversational notions are centered by the three concepts above and peripherally by Stress-Coping and Group Integration.

Keywords: conversational notions; social representation; health; well being; mental health

Social Representation

	WELL BEING	
COPING -	MENTAL HEALTH	HEALTH
	COPING +	

Pereira & Brito (2023)

RESUMEN

Representaciones sociales de los bomberos sobre la salud, el bienestar y la salud mental. El presente trabajo tiene como objetivo determinar las representaciones sociales de los bomberos sobre Salud, Bienestar y Salud Mental, utilizando una adaptación de un cuestionario de nociones conversacionales de Pereira O.G.& Brito S. (2023). Esas nociones conversacionales están centradas por los tres conceptos arriba mencionados y periféricamente por Stress-Coping e Integración Grupal.

Palabras clave: nociones conversacionales; representación social; salud; bienestar; salud mental

INTRODUCTION

The present paper aims to construct the social representation of Health, Well Being and Mental Health conversational notions used by members of a firemen corporation. It follows Pereira, O.G & Brito,

S. (2023) on students of a polytechnical institute in which the questionary "Olá Vida - Boa Saúde" (Hello Life - Good Health) was used. In it we hypothesized and found that the notions of Health, Well Being and Mental Health detained by students of that polytechnical institute are very close and bound by the concepts of Stress and Coping, as the table below illustrates.

In the present study we added "Group Integration" a new variable close to esprit de corps, to better characterize the effects of the firemen corporation in the social life of the participants. *Well Being* is "a good or satisfactory condition of existence; a state characterized by health,happiness and prosperity; welfare", or "a state of happiness, contentment, low levels of distress, overall good physical and mental health and outlook, or good quality of life (APA, 2006). This concept came to be related to Health in the 1948 World Health Organization (WHO) utopic definition of Health. Although it states that the "absence of disease" is a necessary requirement it is not a sufficient one. It demands "a state of complete physical, mental and social well-being." In 1977 the WHO states that it is "the ability to conduct a socially and economically productive life." In the 1984 revision, "the extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment." The above definitions are more concerned with the public, political, economic and management perspectives than with the medical (psychological and psychiatric) implications, except in what concerns public health. In the dictionary, Health is "the general condition of the body or mind with reference to soundness and vigor" or "the condition of being sound of body and mind or spirit, *especially* freedom from physical disease or pain." Mental Health is "the total emotional and intellectual response of an individual to external reality", "not affected by a psychiatric disorder".

The strong connection between the concepts of *Health* and *Mental Health* is more evident in the medical (psychiatric) perspective than in every other above mentioned approaches. One may even say that today's mainstream view does not coincide with the medical, it even conflicts with it. This is particularly the case of most prevention measures adopted by responsible entities as well as most of the therapeutical solutions provided in academical circuits. That is why the construction of the social representation of the three concepts above is paramount.

The wellness concept is "the idea that healthcare programs should be actively in the promotion of wellness, seen as a dynamic state of physical, mental and social well-being, rather than merely concerned with the treatment and prevention of illness. Wellness is viewed as a result of four key factors over which an individual has some control: human biology, environment, health, healthcare organization, and lifestyle" (APA, 2006).

Stress is "a nonspecific response of the body to any demand, whether it is caused by, or results in, pleasant or unpleasant conditions" (Selye, 1976). The demand may be physical, chemical, organic, psychological familiar, political, economic, etc. It may also be imaginary. Whatever the type of the demand, one must diagnose or investigate it. To cope is "to deal with and attempt to overcome problems and difficulties". Psychologists define *Coping* as the action of facing and dealing with a given stress situation and tend to use "to cope with" as a variable between two extremes. "By causing these mind-body changes, stress contributes directly to psychological and physiological disorder and disease and affects mental and physical health, reducing quality of life.

The new variable introduced in the present study, *Group Integration,* is related to group dynamics and, eventually, to *leadership,* assuming that participants "automatically and spontaneously appraise the extent to which people, including themselves," follow the commands.

Before the social representation studies of conversational notions, O.G. Pereira (1974) studied, in 1965, the Stress on marines in combat situation in Guiñé Bissau, followed by a study withmarines and commandos in training situation (1981). Afterwards, Jesuino (1984) conducted a series of studies focusing on the effects of leadership on stress. In subsequent studies, O.G. Pereira & J. Jesuino (1982; 1988) demonstrated that leadership could reduce stress effect on combatants.

Gongalves et al (2015; 2016; 2021) besides considering stress effect on firemen and university students also focused on risk behaviors as detrimental to their health. Positive and negative coping strategies emerged and could be isolated as self-justifiers for adopted behaviors of both students and firemen.

From the first studies on the issue, particularly regarding security forces, we can see that those firefighters, before being firefighters, are human beings subject to social factors in the perception of risks (Lima, 1998). This study considers that people must understand the estimated probabilities when facing risks. Subjective risks can be explained through individual factors like mental health management in chronic threatening conditions, interpersonal factors like romantic involvement, team factors like group norms and beliefs, as well as ideological factors.

Some of the variables have been considered by Amato, Martins & Batista (2010) like stress, anxiety, despair, depression, suicidal tendencies and alcohol consumption to approach mental health. In Andrade (2018) with a sample of firemen from rural areas it was found that there is a discrepancy between high family cohesion/flexibility and low satisfaction. In the particular group studied family dynamics was an inherent factor for mental health. According to this study, firemen were healthier than the standard, contradicting existing literature.

METHOD

A digital online questionary of voluntary participation previously used in Pereira & Brito (2023) with two more questions, was subjected to a firemen corporation. Thirty eight out of eighty have answered.

The "OLÁ VIVA-BOA SAÚDE" (Hello Life-Good Health) new version is a questionary of conversational expressions. It is a digital interpellation to subjects accepting the distinction between Health and Mental Health, asking them on their personal view of several aspects of their own life.

The selected ones are *Health, Mental Health, Well Being, Stress, Coping* and *Group Integration* strategies.

Health is considered as having two aspects. The first is *proactive* and takes into account the meaning of life and well-being as well as groups and social media participation. Therefore the question: "I feel well in my body" with three answering alternatives: "always", "not always" or "no, I'm sick". The second aspect concerns *overcoming* and resisting the hardships of living. Another example: "I try to face the stress of living" with three answering alternatives: "always", "not always" or "it's best to run from it". One more example: "I can solve family conflicts" with three possible answers: "easily", "not always" or "I run away". There are also propositions touching pathological deviation: "in order to be cautious one must always be aware of other people's machinations and conspiracies (which either wish us evil or too much well)" with three alternatives: "always", "when we are attacked" or "I don't think about it". These affirmations were taken from expressions used by subjects in previous questionnaires.

In total there are 15 questions. The new ones are, "Are firemen activities central to your life?", "After work hours do you meet your friends for a drink?" and "Must I adopt measures to deal with work related stress?".

Results

We shall first consider the frequency of the answers as shown in table 1.

Table 1 frequency of choices

Question	**5**	**3**	**1**	**total**
1. In terms of health, how do you find yourself?	24	13	1	38
2. In terms of mental health, how do you find yourself?	22	13	3	38
3. There is a direction in my life	30	7	1	38
4. 1 feel well in my body	19	19	0	38
5. Are firemen activities central to your life	26	11	1	38
6. 1 can solve family conflicts	22	16	0	38
7. 1 use social media to escape facing those whom 1 communicate with	2	10	26	38
8. 1 manage to overcome job difficulties	33	5	0	38

9. 1 am a member of a group where 1 discuss current mass media social and political questions	10	3	25	38
10. After work hours do you meet your friends for a drink?	6	25	7	38
11. 1 try to face the stress of life	20	16	2	38
12. Must 1 adopt measures to deal with work related stress?	9	23	6	38
13. In order to anticipate, one must always be alert to maneuvers, conspiracies and schemes from others (who either wish us evil or to good)	11	12	15	38
14. First of all one must put everything in perfect order, verify everything and think two or three times before acting	21	12	5	38
15. 1 recall everything about my life	20	8	10	38
	275	193	102	

48.2% of choices were on the ordinal 5 (275), 33.8% were on the ordinal 3 (193) and 18% on the ordinal 1 (102). In order to establish the variables, the questions must be aggregated. The variables are Well Being (WEEL BEING), Health (Pro HEALTH), Group Integration (GROUP INTEGRATION), two Mental Health (MENTAL HEALTH + and MENTAL HEALTH -) and two Coping (COPING + and COPING-).

Questions	**VARIABLE**	Frequency	Min	Max
1 + 2	WELL BEING	46, 26, 4	1	5
3 + 4	HEALTH	49, 26, 1	1	5
5 + 10	GROUP	32, 36, 8	1	3
6 + 15	MENTAL HEALTH	42, 24, 10	1	5
7	COPING -	2, 10, 26	5	1
8 + 9 + 11 + 12	COPING +	72, 47, 33	1	5
13 + 14	MENTAL HEALTH -	32, 24, 20	1	5

The general pattern of frequencies is min. 1 and max. 5, except for COPING - with min. 5 and max. 1.

The intercorrelations between choices are shown in table 2.

Table 2, intercorrelations matrix between choices (n=38)

O	**1**	**2**	**3**	**4**	**5**	**10**	**6**	**15**	**7**	**8**	**9**	**11**	**12**	**13**	**14**
1		.51	.50	.56	.09	.43	.42	.39	.28	.37	.19	.34	-.2	-.13	-.18
2			.46	.50	.19	.47	.50	.32	.29	.36	.31	.45	-.19	.14	.27
3				.35	.19	.31	.54	.22	.19	.37	.13	.28	-.01	.15	.06
4					.01	.22	.29	.09	.23	.29	.17	.23	-.09	-.09	-.13
5						.40	-.11	.04	.01	.12	.04	.24	.19	.23	.03
10							.39	.28	.11	.51	.25	.33	.05	.20	.17
6								.38	.20	.34	.07	.32	-.12	.13	.24
15									.30	.21	.16	.13	-.11	-.02	.05
7										.44	.28	.25	-.21	.12	.13
8											.36	.48	-.01	.35	.27
9												.33	-.01	.07	.22
11													-.26	.10	.15
12														-.07	-.10
13															.61
14															

Table 3, intercorrelation matrix between variables (n=38)

	WELL BEING	Pro HEALTH	GROUP INTEGR.	MENTAL HEALTH	COPING-	COPING+	MENTAL HEALTH-
WELL BEING							
Pro HEALTH+	.505						
GROUP INTEGRATI	.294	.182					
MENTAL HEALTH+	.408	.284	.154				
COPING-	.286	.209	.057	.252			
COPING+	.213	.17	.216	.126	.191		
MENTAL HEALTH-	.025	.04	.154	.101	.177	.123	

The most expressive correlations between variables are: WELL BEING / Pro HEALTH +. (.505), WELL BEING / MENTAL HEALTH + (.408), WELL BEING / GROUP INTEGRATION (.294), WELL BEING / COPING - (.286), Pro HEALTH + / MENTAL HEALTH + (.284) and MENTAL HEALTH + / COPING - (.252).

The least expressive correlations between variables are: WELL BEING / MENTAL HEALTH - (.025), Pro HEALTH + / MENTAL HEALTH - (.041), GROUP INTEGRATION / COPING - (.057), MENTAL HEALTH + / MENTAL HEALTH - (.101), COPING + / MENTAL HEALTH - (.123) and MENTAL HEALTH + /COPING + (.126).

Accordingly, the most expressive correlations pertain to WELL BEING (four times), MENTAL HEALTH + (three times), Pro HEALTH + (twice), COPING - (twice) and GROUP INTEGRATION (once). Therefore, the first three variables constitute the central core of the representation.

The least expressive correlations, those that indicate variable independence, pertain to MENTAL HEALTH -, COPING -, COPING +, MENTAL HEALTH +, WELL BEING and GROUP INTEGRATION.

Consequently, MENTAL HEALTH - is independent of WELL BEING, Pro HEALTH +, MENTAL HEALTH +, COPING + and COPING -. These variables represent the peripheral area of the representation.

These results allow us to graphically depict the social representation, in two depictions:

Coping +	MENTAL HEALTH + Pro HEALTH WELL BEING	Coping -
Mental Health -		Group Integration

Coping+ 0.126
MENTAL HEALTH+ 0.252 Coping-0.284 **Pro HEALTH** 0.408 0.505 **WELL BEING**
Mental Health- 0.101 0.294 Group Integration
Firemen social representation of HEALTH, WELL BEING and MENTAL HEALTH

DISCUSSION

Members of social groups, connected either by professional, cultural or any other specific form, communicate through an exchange of shared *conversational notions* which may be classified as *social rep-*

resentations. These are shared values, ideas, images and practices that constitute a specific semantic universe which guides human expressivity, grounded by a common collective experience. When established they mediate the expression of both feelings and emotions and facilitate decisions. They confront the dictionary concepts as well as the ones from public health medical literature. That is why we began with the definition of those concepts, underlining the fact that *well being, health* and *mental health* are semantically very close. Consequently, it was no surprise to find these three concepts in the core of the social representation from these firemen.

The conversational notions peripheral to the representation, coping and group integration, are not widely known by the general population. *Coping* is dependent from *stress* and *group integration* is dependent from *leadership. Stress* and *leadership* are concepts easier to grasp by the more literate population. They happen to be the dynamic factors that explain well being, health, mental health, like previously demonstrated in Pereira & Jesuino (1988).

Well Being, Health and Mental Health are not so much a question of balance between opposite forces, but more like body mind stages that oscillate through time, vital development and the meaning of life. That is why the concept of mental health impoverishes the concept of health when used apart from medical epistemology. On the other hand, the concept of well being is not just a subjective response from a person, but more an objective construction from the personality in the whole of its context, therefore the relative variation of the conversational notion "well being" from group to group.

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