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Mental Health and Normality: Popular Conceptions in a Northern Coastal Area of Bahia, Brazil

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Coelho MT, Almeida Filho N. Concepções populares de normalidade e saúde mental no litoral norte de Bahia, Brasil. [Mental Health and Normality: Popular Conceptions in a Northern Coastal Area of Bahia, Brazil] Cadernos de Saúde Pública (Rio de Janeiro, Brazil) 2005 November-December; 21(6): 1726-1736.

Objectives: To explore the signs, meanings and practices related to normality and mental health in a heterogeneous social group.

Methodology: Qualitative analysis. Ninety-three persons, 40 men and 53 women from the north coast of Bahia, Brazil, were interviewed. The participants had different age, education, marital status, religious, social class, and employment characteristics. Data were collected in three distinct stages; pre-survey, extensive survey, and reconstruction of cases. The analysis was based on the theory of systems of signs, meanings, and practices.

Results: The authors find that the local idea of normality ranges from “normality” and “near normality” to “false normality.” The gradations and boundaries of these categories are vague, showing continuity between the extremes of normal and abnormal, as signs of normality may vary from individual to individual. The authors show that local signs of mental normality show normative principles; that is, the people interviewed held a set of characteristics of normality based on their values. Mental health and normality are not only related to the health care sector, but also to security, justice, infrastructure, and employment. To the interview subjects, normality and mental health involve the presence or absence of illness in the biological sense, local customs, and the subjective experience of well-being. The authors corroborated the correspondence of these three aspects with the primary, secondary and tertiary levels of health.

Conclusions: To the authors, it is not enough that health care systems focus on biopsychological aspects, but they should also consider the cultural and subjective dimension of normality when structuring health policies. This implies that popular conceptions of individual well-being should be considered in the practice of health care, which would activate similar policies for other dimensions of the health-illness process.