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Valuing Spirituality in Popular Health Education practices in Primary Care

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Abstract

This paper aims to highlight the spirituality valuing in Popular Health Education practices developed in Primary Care. The work developed in health Primary Care regards the individual in his essence, as a being that has biological, psychological, social and spiritual needs, which must be noticed and met. The educational action, guided by popular education, favors the encounter with this subtle dimension, the so-called spirituality, as it is developed based on principles involving the strengthening of ties, the relationship through dialogue, sensitive listening, solidarity, affection, human dignity appreciation, among others. In times of pain and suffering, the spirituality appreciation can be very transformative, leading patients and their families to renew the spirit and seek new ways of coping with the challenging reality they experience. It is concludes, among other things, that this topic has been poorly discussed in health academic education. It suggests that the academies prioritize the spirituality topic in their curricula, allowing the upcoming professional to acquire greater knowledge extensiveness in order to be better prepared for the daily practice in the context of Primary Care.

Keywords

Public Health; Primary Care; Family Health; Spirituality; Popular Health Education

Traditionally, spiritual beliefs and experiences have been noticeable components in different societies. In this context, the population in general, health professionals and researchers have recognized the importance of the spiritual dimension to health. However, although the development of research involving this subject has progressed, especially in recent decades, there is still a certain deficiency in the consolidation of a comprehensive review of the literature, in Portuguese, that is accessible to researchers and clinicians (MOREIRA-ALMEIDA, 2007).

The presence of spirituality in health is evident. Even with the emphasis on the biological aspect and on medicalization, imposed by the Cartesian hegemonic paradigm, health professionals should be up-to-date with the spiritual and religious valuing facing of the most different health problems and risky situations that are faced nowadays by the population.

We still experience a health care system that is heavily marked by the biomedical model, which is characterized, according to Capra (2001), as a mechanistic and fragmented conception of the human body, where illness is seen as a malfunction one part of that machine, which needs to be fixed by the doctor. This model is the conceptual foundation of modern scientific medicine as a result of the Cartesian paradigm's influence on medical thought.

As stated by Capra (2001), the Cartesian paradigm is guided by Descartes' philosophy (seventeenth Century), which "strict division between body and mind led physicians to focus on the corporal machine and to neglect psychological, social and environmental aspects of the illness". The author adds that the rise of modern scientific medicine began in the nineteenth century, through great advances in Biology, which were accompanied by advances in medical technology. This

fact led doctors to gradually transfer the attention from the patient to the illness, transforming hospitals into diagnosis, therapy and education centers.

Regarding Biomedicine rationality, Camargo Júnior (2003) emphasizes that it prioritizes the biological aspects to the detriment of the subjective ones that may involve the illness process. There are elements of that rationality that work as a process of fragmentation of the human body, with a growing number of specialties, more advanced technological gains and the fact of being focused on healing through the use of strong drugs and surgery, *inter alia*.

The Biomedicine model began to lose strength in developed countries, mostly from the second half of the twentieth century, due to the inefficient and fragmented nature of directed health care, specially for the treatment of chronic degenerative diseases, but also due to the high cost involved in the process, creating great dissatisfaction in the population. This situation contributed to the search for alternative therapies such as homeopathy, acupuncture and flower essences. It also contributed to the development of studies related to social and subjective aspects, which influence the process of illness and healing, as well as integrated health strategies to a religious view (Vasconcelos, 2006).

In this sense, there is an emergence of new approaches for thinking about the illness in the public health field, such as the integration of health activities, assistance humanization and care production, aiming at transforming the techno-assistance model. There is also a growing acceptance of alternative medicine by the population, in which mental and physical aspects are inseparable when seeking for one's own balance restoration (GUEDES *et al.,* 2006).

In Health Care offered within Primary Care, the Ministry of Health prioritizes actions to be developed according to the strategy of Family Health, which concept aims at overcoming the former proposition, that was purely based on disease; those actions are performed by teamwork using management and health practices, also democratic and participatory, and directed to the populations of delimited territories (BRASIL, 2004).

The Family Health Teams (doctors, nurses, nursing assistants, community health workers, dentists and their assistants) work mainly in the health unit or in households. The team alongside the community creates bonds of accountability with the community, which facilitates the identification, treatment, monitoring of health hazards and implementation of educational activities aimed at disease prevention and health promotion (BRASIL, 2006).

Educational actions are a priority in Primary Care. In this context, we highlight the methodology of popular health education, intended for developing a pedagogical action directed to the human being inserted into his own life context. Vasconcelos (1997) states that popular education addresses, in a pedagogical way, mankind and the groups involved in the process of popular participation through collective ways of research and learning , while promoting the critical analysis of the realities and strategies of struggle and confrontation.

It is worth mentioning that, nowadays, there is an institutionalization process of popular health education in primary care practices developed through the Family Health strategy. In June 2009, the health minister, José Gomes Temporão, instituted the National Committee for Popular Health Education (CNEPS), which envisioned to strengthen the fight for the right to health and to defend the National Health System, to build the pedagogical bases for the transformation of health education practices, empowering the the population's autonomy and the fraternal and solidary relations among managers, professionals and users of health services (BRASIL, 2009).

Popular Health Education is linked to the problematization of the reality experienced by the population in order to search for better living conditions, mediated by the dialogue, by the popular knowledge appreciation, and by building awareness and autonomy of the individual and community. This form of education can be perceived as an alternative model to the biomedical paradigm, yet hegemonic today. If, on the one hand, many health professionals are still performing health practices towards diseases, drug therapy and healing, others work along the lines of popular education, on a more focused health approach to the integral medical paradigm, which views the individual in his entirety, i.e., in his bio-psycho-sociocultural and spiritual aspects, inserted in his context of life, with all his beliefs, values and characteristics that need to be appreciated in a multidisciplinary therapeutic conduct.

In this sense, the importance of the spirituality presence in health work deserves highlighting, for it is conducted with a focus on the methodology of popular health education, and according to Vasconcelos stated about spirituality (2004), it is a force that is capable of helping the individual, the family and the community in order to better overcome both the difficulties and the diseases in their lives, providing a better way of facing everyday reality.

For Boff (2001), spirituality is one of the primary sources of inspiration for the new, hope and transcendence for the human being. According to the author, in recent times, "spirituality has been discovered as a deep human

dimension, as a necessary element for the full blossoming of our individuation and as a space of peace in the midst of conflicts and social and existential desolation."

In this sense, we are motivated to develop this study, which aims to highlight the value of spirituality in Popular Health Education practices developed in Primary Care.It concerns a quite complex issue, but seeks to contribute mainly to a rethinking of the everyday practice of health professionals involved in primary care, reflecting on aspects of human subjectivity in the illness and healing processes. Furthermore, it aims to contribute to the discussions about this subject in the academic realm, and lead to the new developments in this direction.

The following factors are some considerations pertaining to the topic under study.

Spirituality and religion

Though the words *religion* and *spirituality* are often understood as synonymous, they bear different meanings. The dictionary defines spirituality as what is related to the spirit, the immaterial part of the human-being, such as intelligence, thought, ideas etc. The word religion, on the other hand, is defined as belief in the existence of a supernatural force or forces, the manifestation of that belief through a doctrine and rituals, reverence for sacred things, devotion, faith, adoration, philosophical attitude (FERREIRA, 2006a). For Dalai Lama (*apud* BOFF, 2001), religion is related to belief in the right to salvation, preached by any faith tradition, combined with teachings or religious dogmas, rituals and prayers.

Spirituality, therefore, is not related to a specific profession of faith, to a doctrine which contains its own rituals, but concerns the very essence of being human. For Leloup and Hennezel (2003), spirituality is part of the constitution of all men, regardless of any religious experience.

Religions constitute a construction of the human-being who works with the divine, with the sacred; they are institutional paths capable of helping develop people's spirituality, which were actually born from spirituality but are not, in essence, spiritual. Spirituality is a dimension of every human-being. This spiritual dimension that each person holds is revealed by the ability to dialogue with oneself, with his own heart, expressed "by love, sensitivity, compassion, by listening to others, responsibility and care as the fundamental attitude" (BOFF, 2001). Spirituality involves this whole set of relationships. In humans, it is the ability to transform the facts into an experience of liberation, in a project, in a practice in defense of life and its sacredness, protesting all the mechanisms of death in all circumstances (BOFF, 1997).

The increasing number of people who are on the constant look out for the development of spirituality and religiosity is really noticeable today. Soares *et al.* (2005) relate this to the need to relieve suffering and seek healing. According to Valla (1998), there is a demand by popular classes by all religions. This demand is mainly explained by the problems caused by urbanization growth, by the increase in individual and collective needs and the depletion of social and human rights. The practice of religion by popular classes helps to ease pain, to relieve people's anxieties and it is associated with the health-disease process and healing. Religion renews the strength for the day-to-day conflicts in the struggle for survival.

When reporting the benefits of faith in people's bodies, Pereira (2002) states that scientific studies show that, upon receiving stimulus by meditation, by prayer or by reading a religious text, the body produces substances with analgesic effects and causes muscle relaxation and a serenity feeling. These effects surely influence, in a positive way, such as facing life's difficulties, chronic diseases, or even situations involving death and dying.

According to Pessini (2004), faith and prayer promotes a healthy environment, both at personal and social levels. At a personal level, faith and prayer provide a meeting with oneself, with the inner forces of the spirit in its struggle for survival, in addition to favoring a peaceful moment during the tribulations of life and the limitations a chronic disease can bring, for instance. In the social sphere, faith and prayer produce a love connection and solidarity with others. A moment of intense communion in which individuals replenish salutary energy transmitted to one another. Thus, people feel strengthened, invigorated and closely supported. All this brings health, hope and continual encouragement, as well as a sense of serenity and calm. In the most distressing and turbulent moments of life, in the presence of disease or even death, prayer brings calmness and causes the body to balance.

In popular realms, health work faces complex problems. There are health problems that may be triggered by situations of violence, abandonment, hunger, coping with drugs etc. Vasconcelos (2006) explains that the reason is often insufficient to deal with this complexity, requiring the professional attitudes that also involve more subtle dimensions of the human-being, as the spiritual dimension expressed through sense perception (sensation), the sensitivity of feelings (emotion) as well as the use of intuition, as a way to evaluate and envision how to act in each situation.

The educational activity, guided by popular education, encourages the encounter with this subtle dimension of spirituality as it is developed based on principles involving

the strengthening of ties, the relationship through dialogue, sensitive listening, appreciation of popular knowledge, solidarity, the enhancement of human dignity, among others. In moments of pain and suffering, the enhancement of spirituality, in this procedure of educating, can be very transformative and lead patients and their families to renew the spirit and seek new ways of coping with the challenging reality they experience.

The spirituality valuing in Popular Health Education practices developed in Primary Care

In Brazil, popular education, from its origin, has been closely linked to the religious field (VASCONCELOS, 2006). This education, systematized by Paulo Freire, gained notoriety in Brazil, and from the 1960s, has been linked to movements, such as the Basic Education Movement (MEB), articulated to the Catholic Church, which had focused on adults' literacy and awareness. The MEB should basically offer an education that lead the individuals to become aware of their physical, spiritual and moral values, esteeming their conduct in their personal and social life (PAIVA, 2003). With the military coup in 1964, popular education movements were considered subversive and prohibited. However, from the 1970s, popular education returned to articulate with greater force, mainly linked to the progressive force of the Catholic Church. During this period, health professionals dissatisfied with prescriptive and normative-like educational practices targeted for behavior change, began to turn to the theoretical and methodological aspects of popular education, bringing to health work, mainly in the context of popular classes, consistent features related to a problem-based education, aiming, from a dialectic relationship, at preventing disease, promoting health for the population as well as supporting people in their fight for better living conditions. In popular education, the term refers to the popular political project that guides its pedagogical proposal, seeking to build a more participatory, fair-minded and egalitarian society (VASCONCELOS, 2001).

In health, popular education acts as a strategy to overcome the great distance between health service and scientific knowledge on the one hand and, on the other, the dynamics surrounding illness and healing. Popular health education performs actions that involve the dimensions of dialogue, respect and appreciation of popular knowledge. It is regarded as a tool for building a more comprehensive and satisfactory health to the population's life (VASCONCELOS, 2006).

In the Family Health Units where professionals are inserted into the physical and cultural environment which each family lives in, their daily relationship with the residents tend to showing "the ineffectiveness of the Biomedicine model in modifying the dynamics of illness and healing. The professionals are challenged to experience health education practices, becoming frightened due to the complexity of this sort of intervention "(VASCONCELOS, 2006).

In Popular Health Education, besides working with the universe of meanings, beliefs and values learned in the community, the professionals also live with spirituality and religiosity that are part of the population. Within this perspective, these professionals must act, getting involved effectively with the population, reflecting on people's daily routine, considering the popular knowledge, listening, dialogue and feelings of those individuals being cared for.

The Popular Health Education practices are normally performed in the Family Health Unit, in home visits and collective activities, which are developed, for example, with senior citizens, pregnant women and involve health professionals, assisted population, college students and community leaders, among others.

Within Primary Care, health professionals establish contact with people suffering from various problems. Chronic illness, alcoholism, involvement with drugs and drug trafficking, aging, loneliness and the very possibility of finitude are examples of situations experienced by individuals which lead them to seek meeting each one's self, to seek for their own spirituality, in order to find the strength to overcome, for example, their illnesses, loneliness and fear of death, in an transcendental attitude that releases them. For Boff (2000), transcendence relates to the ability to break boundaries, to overcome, to project oneself "beyond"..

In a study on the experience of spirituality, held with women in the climacteric phase, Sousa and Batista (2006) evidenced, among other aspects, that spirituality is considered a support in their lives. Spirituality development provides them the support to cope with loneliness and sadness in everyday life, generating in them some maturation for an inner life, acceptance of losing loved ones, their children leaving home, aging, disease and finitude itself.

It is worth mentioning that in health work, guided by popular education, the health professionals' intense coexistence with the popular classes has meant a way to build emotional ties, with which the population identifies itself, creating a state of open mind, which hosts the individual who needs care, in an ethical attitude that involves respect, loving, dialogue, intuition and emotion.

The spirituality valuing, in the context of Popular Health Education, considers the practice of dialogue as an essential component. It is through dialogue, mediated by

significant words, by gestures like a smile or a hug, and even moments of silence, that the relationship of inter-subjectivity, understanding and deep connection is established with the other's self, creating a communication through invisible threads that enable a kind of contact that goes beyond the physical and emotional dimension, bringing peace and serenity to the moments of pain or turmoil. According to Freire (2005), the dialog, which is based on love, humility and faith in men, creates a horizontal relationship, which mutual trust is a consequence of, that generates hope and transformation. It is within this dimension that professionals who are involved in popular education try to experience the social change, embracing the individuals, respecting them in their autonomy and appreciating them as citizens.

When reporting to spirituality in Primary Care, Smeke (2006) describes that, in everyday practice of caring, whether in consulting in the group or at home, professionals are often faced with a tangle of complaints, pains and needs that overlap and extend beyond the disease limits. At that moment, the suffering goes beyond the organic relationship, and "if we really want to help, we will set aside our professional role and put our human side into action." The author states that actions developed with sensitivity, insight, intuition and interaction, sometimes have the power to relieve a lot more than most of the medications in use. That is when the professional accesses a dimension beyond the patient's somatopsychic space and, through qualified listening and receptiveness, generates understanding and hope as well pain and suffering relief.

The spirituality dimension is also related to the work that covers mental health. According to Koenig (2007), since the 1990s, investigations began to demonstrate that individuals with religious faith seemed to cope better with the stresses of life, recover more quickly from depression, and also show less anxiety than less religious individuals. Thus, it is worth highlighting the experience of a student during her participation in a university extension project guided by the Popular Health Education. In this account, the student Ferreira (2006b), indicates the importance of spirituality and religiosity in the care she devoted to a young woman who had mental problems. The author describes that in the beginning of her visits to this family, the young lady always remained distant and awkward with uncombed hair. In one occasion during the visit, she made a mental prayer, beseeching God to enlighten on how to act in that situation. At that moment, she felt the need to please the teenager and decided to comb, with love, the young woman's hair. This "magic moment" caused the girl to become more receptive to her care and the subsequent weekly visits to be more satisfying. The author also describes she shared similar religiosity with the family and often prayed with them, especially for health for their relatives. Finally, she claims to have discovered that she should use the dimension of spirituality in the future exercise of her profession, for professional practice and faith having in common the promotion of life can make health care work more joyful and prolific.

For this report, it is important to note that the fact of sharing the same religion was indispensible to make the student feel comfortable to pray with the family. Koenig (2005) states that the identification of the patient's spiritual history is a fundamental aspect to be performed by health professionals as it allows them to familiarize with the individual's beliefs, to understand the role that religion has when dealing with the disease, and also to provide information about the spiritual support the individual receives from the community that can help in the treatment. Furthermore, it allows the professional to be closer to that individual and even pray with him, in case they share the same religious background and feel the need to do it.

Another aspect that deserves attention relates to situations involving professional who take care of terminally ill patients. In these situations, the professional's educational practice is very important in order to provide assistance through dialogue and listening, in the process of accepting the disease, minimizing fears and giving support and comfort to individuals and families by means of home visits. At these moments, in which healing the body can no longer be accomplished, Huf (2002) highlights the importance of the rescue of spirituality as a way to transform those moments of anguish, by respecting the person's belief, emphasizing the search for inner peace, and aiming at promoting the well-being despite the inevitability of suffering. The author believes that experiencing spirituality includes exercising faith, hope, altruism and solidarity, accepting the finitude as an experience that provides compassion with each other so as to find a meaning to their existence.

Thus, health professionals must provide care for human beings in a holistic manner, valuing the spiritual support, bearing in mind that they might experience difficult times with serenity. As stated by Leloup *et al.* (2003), spirituality is to take "one step further" in accepting one's own limitations concerning suffering and to be solidary to those in need. It is simpler than it seems: it is all about taking this "one step further" and helping others to do the same thing before their difficulties.

It is also worth mentioning that situations health professionals in Primary Care face situations regarded as diffuse suffering. They are users' vague, poorly defined

complaints, consisting of pain, fear, anxiety, malaise etc. These diffuse symptoms do not usually fit into a precise diagnostic category and do not seem to have organic origin. The popular classes call these situations as *nerve diseases* (VALLA, 2006). According to him, in most cases, these symptoms may come from various factors such as extreme socioeconomic difficulties, exposure to violence, insecurity and unemployment, which cause some physical and mental disorder and unspecific symptoms.

In this sense, Valla (2006) highlights social support, and religiosity in particular, as a pathway these individuals pursued in search of a different state of mind that enables spotting more effective solutions to confront the problems they experience in their daily routine. Social support relates to when people feel they can count on their friends, neighbors, family, church and health professionals. This support causes improvement in people's lives. Therefore, health professionals, guided by popular education, should encourage individuals to increase their social network; in this sense, health professionals should support, without distinction, religiosity practice in their educational work.

It is important to add that, in popular education, professionals also work with leaders and social movements. In this space, spirituality, art and knowledge that guide the individual's life through the transcendental experience are also crucial. These people claim they find in their religiosity the source of courage and motivation to engage in collective struggles, aiming at a better and happy life. Moreover, they search, in the altered state of consciousness spirituality provides, the symbolic perceptions that help to understand the complexity of the situations they experience and to build guidelines and directions for their political struggles (VASCONCELOS, 2006).

Therefore, the spirituality appreciation, in line with the Popular Health Education practices developed in Primary Care, involves the experience in many different situations, shared with the population that is part of that territory. These practices allow a closer relationship between health professionals and patients, which contributes for the individual to be assisted in a primary, compassionate, humanized and ethical way.

Final Thoughts

This study provided a better understanding of the value of spirituality in Popular Health Education developed within the framework of Primary Care.

During its development, we have realized that we are still learning how to get in touch with the spiritual dimension of human beings in our daily practice in health care. Beyond a shadow of a doubt, this subject has received little attention in academic health education, which focuses the biological model, thereby prioritizing medicalization and body healing to the detriment of a care that could go beyond this dimension by perceiving individuals holistically. Considering the aspects that have been exposed here, the academies should prioritize the spirituality issue in their curricula, allowing future professionals to acquire more knowledge to be better prepared for care's daily practice.

This practice, developed through the Popular Health Education in Primary Care has been a great source of possibilities, inasmuch as family health teams' professionals get in touch with all the peculiarities of individuals, families and community in their care. That is why they should seek to perceive assisted people in their needs that relate both to biological well and to psychological, social and spiritual fields, respecting their beliefs, values and culture, their own way of being and living.

We believe that spirituality, as far as the Popular Health Education practices are concerned, is a force capable of transforming the human beings, helping them to face life's difficulties and diseases with optimism and hope. By means of the Popular Health Education, professionals create links with the community and gradually find ways to help it. When the individual is ill, he and his family may feel more vulnerable and, therefore, generally more receptive to the care offered by professionals. As stated by Smake (2006), something special occurs when the professional willingly gets in touch with the spiritual need of another being. This souls' meeting generates a field of forces that are able to therapeutically intervene and care for.

However, in order to be able to realize the other's subjectivity and spirituality, it is essential for professionals to be aware that they are bio-psychosocial and spiritual beings themselves, who must search for self-knowledge, self-discover and to, above all, learn developing their spirituality. Soon, they will feel more capable of helping others to live with their problems satisfactorily. As stated by Vasconcelos (2006), the development of spirituality allows the health care professionals to integrate themselves into rational, sensitive, emotional and intuitive dimensions, which will allow them proximity to people in their care and better conditions to deal with crisis situations.

Valuing the spiritual dimension is considered very important for health professionals at a personal level as well as in the interaction with their work, since their routine involves issues related to life and death. Hence, trying to get in connection with their spirituality, i.e., with the depths of their existence,

is somehow being more attentive, more intuitive and more sensitive to the pain and suffering of assisted individuals, who must be perceived also in their spiritual needs.

In conclusion, as alluded Wong-Un (2006), in the health professional's world, which advocates for the poor majority of the world, there are immense opportunities for internal and social transformation enclosed by the spirituality dimension. After all, the entire process of humanization, link conception and integrality in health is performed by "fellows who are sensitive, critical, questioner, creative... radically human. Anyway, full of poetry and spirituality. "

We hope this study will open new horizons concerning spirituality valuing in health care, developed in Primary Care, especially through Popular Health Education practices, with the intention to provide reflections on this issue and to raise the achievement of other studies addressing this topic.

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