RBE Revista Baiana de Enfermagem

Original Article
DOI 10.18471/rbe.v39.66174

SOCIAL REPRESENTATIONS OF WORKERS IN RECEPTION UNITS ON THE CARE OF VULNERABLE POPULATIONS

REPRESENTAÇÕES SOCIAIS DE TRABALHADORES EM UNIDADES DE ACOLHIMENTO SOBRE O CUIDADO DE POPULAÇÕES VULNERÁVEIS

REPRESENTACIONES SOCIALES DE LOS TRABAJADORES DE LAS UNIDADES DE ALBERGUE SOBRE LA ATENCIÓN A POBLACIONES VULNERABLES

Daine Ferreira Brazil do Nascimento[1]
Jeane Freitas de Oliveira[2]
Georgiane Silva Mota[3]

How to cite this article: Nascimento DFB, Oliveira JF, Mota GS. Representações sociais de trabalhadores em unidades de acolhimento sobre o cuidado de populações vulneráveis. Rev baiana enferm. 2025;39:e66174.

Objective: To identify the social representations of reception workers regarding the care of socially vulnerable individuals. Method: A qualitative study conducted with 32 professionals from three Adult Reception Units affiliated with a religious organization, using the Drawing-Story approach, from March to September 2023. The content was analyzed using thematic analysis. Results: Care for socially vulnerable individuals was represented by images and symbols that refer to the religious ideology of the organization that manages the units, to which the study group adheres. The graphics and stories emphasize housing and food as basic needs, defend rights, and support political and social entities. A category emerged called Institutional Care and two subcategories: Care guided by institutional ideology and Care centered on basic needs. Final considerations: The representation of care limits the needs of those assisted, requiring consideration beyond the physical and immediate, including emotional, cultural, and systemic aspects.

Descriptors: Reception. Vulnerable Populations. Social Representation. Social Psychology. Religious Organizations.

Objetivo: identificar as representações sociais de trabalhadores de unidades de acolhimento sobre o cuidado de pessoas em vulnerabilidade social. Método: estudo qualitativo, realizado com 32 profissionais de 3 Unidades de Acolhimento Adulto, vinculadas a uma organização religiosa, mediante aplicação do Desenho-Estória, de março a setembro/2023. O conteúdo foi analisado mediante análise temática. Resultados: o cuidado de pessoas em vulnerabilidade social foi representado por imagens e símbolos que remetem à ideologia religiosa da organização que gerencia as unidades, à qual o grupo investigado é adepto. Os grafismos e as estórias destacam moradia e alimentação como necessidades

Corresponding author: Daine Ferreira Brazil do Nascimento, brazildaine@gmail.com

[1] Federal University of Bahia. Salvador, BA, Brazil. https://orcid.org/0000-0002-1189-1414.
[2] Federal University of Bahia. Salvador, BA, Brazil. https://orcid.org/0000-0001-8401-8432.
[3] Federal University of Bahia. Salvador, BA, Brazil. https://orcid.org/0000-0002-5125-9544.

básicas, defendem direitos e apoiam entidades políticas e sociais. Emergiu uma categoria denominada Cuidado Institucional e duas subcategorias: Cuidados norteados pela ideologia institucional e Cuidados centrados nas necessidades básicas. Considerações finais: a representação do cuidado limita as demandas dos assistidos, exigindo olhar para além do físico e do imediato, incluindo aspectos emocionais, culturais e sistêmicos.

Descritores: Acolhimento. Populações Vulneráveis. Representação Social. Psicologia Social. Organizações Religiosas.

Objetivo: Identificar las representaciones sociales de los trabajadores de albergues sobre el cuidado de personas socialmente vulnerables. Método: Estudio cualitativo realizado con 32 profesionales de tres Unidades de Albergue para Adultos afiliadas a una organización religiosa, mediante el enfoque Dibujo-Historia, de marzo a septiembre de 2023. El contenido se analizó mediante análisis temático. Resultados: El cuidado de personas socialmente vulnerables se representó mediante imágenes y símbolos que remiten a la ideología religiosa de la organización que gestiona las unidades, a la que pertenece el grupo de estudio. Los gráficos y las historias enfatizan la vivienda y la alimentación como necesidades básicas, defienden derechos y apoyan a entidades políticas y sociales. Surgió una categoría denominada Cuidado Institucional y dos subcategorías: Cuidado guiado por la ideología institucional y Cuidado centrado en las necesidades básicas. Consideraciones finales: La representación del cuidado limita las necesidades de las personas atendidas, requiriendo una consideración que trasciende lo físico e inmediato, incluyendo aspectos emocionales, culturales y sistémicos.

Descriptores: Albergue. Poblaciones Vulnerables. Representación Social. Psicología Social. Organizaciones Religiosas.

Introduction

As an analytical tool, health care, education, and social assistance are not treated simply as practices, but as a theoretical lens that interprets complex realities, considering variable conditions such as social vulnerabilities, access to resources, and cultural contexts. The interpretation of care, based on this theory, seeks to recognize that human actions are culturally and subjectively constructed[1].

This perception of care in the health field makes undeniable contributions, as health ceases to be seen as the absence of disease and begins to consider social determinants and subjectivities. Care, therefore, allows for the unraveling of issues surrounding traditional knowledge and practices (non-Western or local knowledge systems), in addition to the production of knowledge about social differences and inequalities, revealing social structures (colonialism, capitalism) that generate health inequities[2-3].

These social inequalities are generated by imbalanced economic, political, and cultural systems, which can be obvious or invisible, because poverty and vulnerability are maintained by mechanisms that perpetuate the impoverishment of certain groups, while a hierarchical culture values excessive consumption, reinforces poverty, and creates a vicious cycle[4-5]. In the context of social assistance care, professionals who adopt an approach that considers social determinants and subjectivities not only address needs, such as documentation and access to resources, but also analyze whether the individual is able to obtain such documentation and whether cultural beliefs and associated social stigmas prevent them from seeking help.

Therefore, care for people in social vulnerability must be articulated with epidemiological, social, educational, technological, and demographic determinants, in line with the integration that has gained relevance in recent years, especially in developed countries[6]. The state in which individuals have their condition of self-determination reduced, promotes difficulties in education, resources, loss of power to defend their own interests and strength, leading to a state of vulnerability[7].

Being socially vulnerable—a condition shaped by structures that produce historical and systemic inequalities, such as racism—directly

influences living conditions and indicates a diminished potential in the face of life's risky situations or constraints. Vulnerability is not a specific, individual phenomenon, but rather a product of structures that perpetuate exclusion[8]. These factors contribute to the formation and strengthening of social representations (SR) that exacerbate inequalities, exclusion, and stigma, factors that increase the exposure to and development of health problems[9-10].

Social representations (SR) are mechanisms that prepare people to act, guiding and shaping behavior, and reorganizing the environment in which this behavior occurs. They are not detached from the individual's opinion, as the information received is interpreted based on values and experiences[11]. SR are formed by images and opinions that reflect the social position and values of an individual or a group, representing a type of shared and collectively constructed knowledge[12].

The social reinforcement of stigmas and stereotypes influences behaviors and decisions[13]. In a study of 100 transgender women treated at a University Hospital in Recife, social distancing guidelines on HIV/AIDS vulnerability showed that women reproduce common-sense ideas, such as associating them with prostitution, prejudice, and risky behavior. These ideas reinforce negative views linked to sociocultural, economic, and psychosocial factors[10].

Religious beliefs can also shape collective values and teachings that guide behavior. Many religious organizations base their doctrines on sacred texts, such as the Bible, and spiritual figures, defining principles that include specific views on health[14]. These views involve avoiding alcohol and other drugs, engaging in physical activity, using water therapeutically, and adopting natural, vegetarian, or whole-food diets, seeking to purify the mind and body. For these religions, health is understood as a holistic balance between body, emotions, spirituality, and social relationships[15-16].

Thus, this study aims to identify the social representations of workers in reception units regarding the care of people in social vulnerability.

Method

This is an excerpt from a qualitative, descriptive study, supported by the Theory of Social Representations (TSR), focusing on the care of socially vulnerable individuals. The article was organized according to the Consolidated Criteria for Reporting Qualitative Research (COREQ) Guideline[17].

Data collection took place between March and September 2023 with professionals working in three Adult Reception Units for vulnerable populations, managed by a non-profit philanthropic company linked to a Protestant religious organization. The units were selected for their affiliation with the religious institution, with philanthropic care activities for the older adults, women victims of violence, children, and homeless individuals.

Care was provided by a multidisciplinary team consisting of a psychologist, a social worker, a social educator, a workshop facilitator, kitchen assistants, a maintenance technician, and a cleaning assistant. A professional previously selected by the institution coordinated each unit. The three units and the office had 40 self-identified Protestant professionals from the institution that managed the units. Of these, 32 agreed to participate in the research. Participation was based on the following inclusion criteria: at least six months of experience in institutions serving vulnerable populations, and preferably Protestants. Those who had difficulty interacting with the researcher were excluded.

The process of establishing rapport with the team lasted one year and five months, with the researcher actively participating in the activities carried out at the units. Contact with participants occurred in person and none of those contacted and agreed to participate dropped out.

Data production, conducted by a PhD student in charge of the research, affiliated with the Graduate Program in Nursing and Health at the Federal University of Bahia, used the Themed Story Drawing technique. It is a tool that facilitates the apprehension of psychosocial, affective, cognitive, and behavioral content linked to the symbolic dimension of a thematic object. In the field of social representations, this apprehension occurs through decoding, which leads to the objectification of consciousness through the association of dynamic and perceptive processes[18].

Data production as a projective technique has been validated in the field of Social Representations Theory. Its applicability, as an investigative rather than diagnostic resource, is perfectly suited to any context, audience, and age group[19]. The instrument used included the following command: *Draw a picture that, for you, expresses the care of a person in social vulnerability.* Materials such as legal paper, colored pencils, markers, and crayons were provided for use in the activity. Participants were approached during daytime shifts, during work hours, also meeting established criteria for application of the technique[18].

Therefore, the analysis model proposed by Coutinho was followed, which is based on thematic content analysis; the drawings obtained were carefully observed and selected based on graphic approximation and semantic content of the narratives, with consequent reading of the stories in the drawings[19]. The drawings were decoded, with the graphs being read separately from the stories and titles, and the figurative elements were systematized. Subsequently, the drawings were classified, categorized, described, cropped, and coded using semantic approximation, with interpretation and analysis of the categories and graphics, resulting in a category called Institutional Care, followed by two subcategories: Care guided by institutional ideology and Care centered on basic needs.

The research project that led to this work was approved by the Research Ethics Committee of the School of Nursing at the Federal University of Bahia, under Opinion number 6,299,763.

Results

The participants in this study, primarily male, were between 20 and 49 years old, heterosexual, cisgender, self-identified as Black or mixed race, had completed higher education, and were married. The sample consisted of Adult Reception Units I, II, and III, as well as the headquarters/office of the agency that administered these units. The research group's membership lies in their work with socially vulnerable individuals and in actions directly related to the religious organization to which they are affiliated. The majority of participants were Brazilian, originally from Bahia. One participant was Venezuelan.

In the analysis of the Themed Drawing-Story, the category "Institutional Care" emerged, highlighting the influence of the institution's ideology on care practices and the information circulated in the context of life and disseminated through educational, health, books, media, and religious institutions regarding basic human needs.

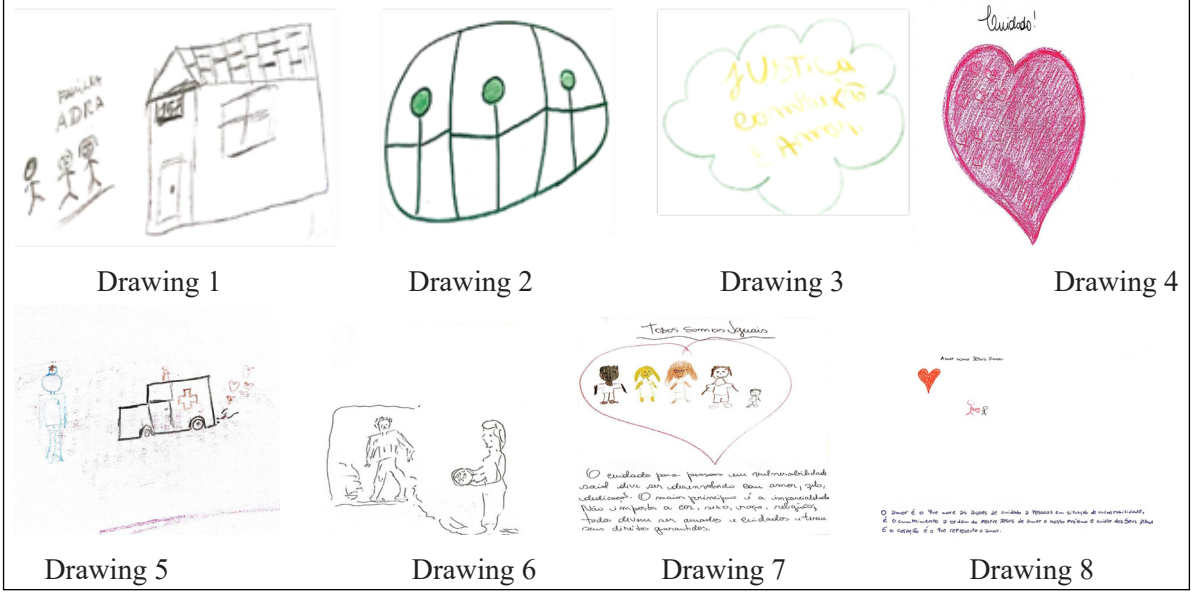
Thus, based on the "Institutional Care" category, two subcategories emerged. The first subcategory, called Care Guided by Institutional Ideology, was created using graphics that evoked the image of the home, represented by the institution, guided by ideals of justice, love, and charity—the institution's mottos in spaces of interaction and support (Box 1).

Box 1 – Semantic grouping of narratives and graphics from the Themed Story-Drawing procedure for the Care Guided by Institutional Ideology subcategory. Salvador, Bahia, Brazil – 2024

CATEGORY	SUBCATEGORY	GROUPING OF SEMANTIC EXCERPTS

Institutional Care	1.1 Care guided by institutional ideology	*rec* (1)*; the institution carries out beautiful, meticulously meticulous work that has helped thousands of vulnerable people* (2)*; ADRA. Justice, passion, and love—this is what best represents care for people in socially vulnerable situations* (3)*; the heart represents care, the heart represents love... I think love is the basis of everything; without love, you can't do anything; portraying the love that already involves care* (4)*; care with the heart, caring for others with love* (5)*; Master Jesus' command to love our neighbor and care for our children; love is what moves actions of care for people in vulnerable situations* (6)*; care for people in socially vulnerable situations must be developed with love, zeal and dedication* (7)*.*

GROUPING DRAWINGS BY SIMILITUDE
Subcategory 1.1 – Care guided by institutional ideology



Source: Prepared by the author.

In the second subcategory, Care Centered on Basic Needs, both in the drawings and in the stories, the home is seen as a shelter that meets self-care needs, such as food, assistance, hygiene, and leisure (Box 2). Housing is also a space for re-socialization that aims to foster acceptance, belonging, human contact, and genuine care, described as a *welcoming home*. There are also links to and the existence of global organizations, such as the United Nations (UN) and other philanthropic institutions, and even the presence of the police.

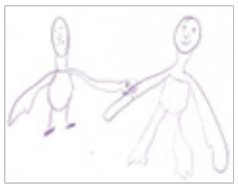
Box 2 – Semantic grouping of narratives and graphics from the Themed Drawing-Story procedure for the subcategory Care Centered on Basic Needs. Salvador, Bahia, Brazil – 2024

CATEGORY	SUBCATEGORY	GROUPING OF SEMANTIC EXCERPTS

Institutional care	1.2 Care focused on basic needs	[...] *and when I thought about care, I thought about house, home* (8); *I took care of her, bathed her, fed her, and took her to the beach* (9); *rec* (10); *every human being has the right to have a little place to live, a garden to care for, a family, that is, a home to call their own* (11); *developing mechanisms to defend rights and care for individuals in situations of social vulnerability, involving public authorities who are directly responsible for transforming public policies into reality* (12); *a guy was found on the street alone and every day he was there in the same place, as time went by someone became curious to know why and invited him to a banquet at his house* (13); *someone in need and who is urgently vulnerable and many people are moved by the need of others* (14); *a person who likes to help and comes with breakfast to deliver to him, because she knows he has no food, has nothing, needs care, she gives him food* (15); *police, its take care of people on the streets, the UN helps many people in vulnerable situations, the institution is the home that welcomes, good food, those who are on the streets need good food to stay on the streets, water which is always important and hospital help, medical care* (16).

GROUPING DRAWINGS BY SIMILITUDE
Subcategory 1.2 – Care focused on basic needs


Drawing 8

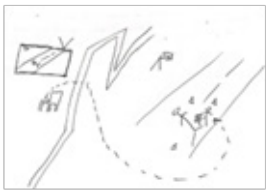

Drawing 9

Drawing 10

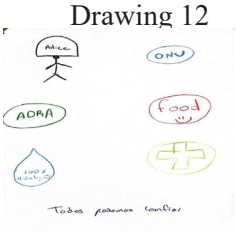

Drawing 11


Drawing 12


Drawing 13


Drawing 14


Drawing 15



Drawing 16

Source: Prepared by the author.

Discussion

This study sought to identify the Social Representations of professionals affiliated with a religious organization regarding the care of socially vulnerable individuals. It is important to clarify that a group's representations are understood in light of their experiences and knowledge about the object[11].

The graphics highlight the image and symbols of space, a place of residence that promotes shelter and meets the basic needs of vulnerable individuals (image). Furthermore, they emphasize elements such as justice, compassion, and love,

components of the motto and purpose of the sponsoring institution (symbols).

The first subcategory, Care guided by institutional ideology, reveals signifiers loaded with the institution's cultural and ideological values, which also have a religious and doctrinal appeal. The presence of the motto and slogans, justice, compassion, and love, in images 1, 2, and 3, translate mental and visual constructs that were associated with the religious organization's concepts and doctrinal principles. In light of the Theory of Social Representations, this translation refers to the figurative core that illustrates abstract ideas concretely[20]. Therefore, justice, compassion, and love comprise the missionary and impulsive call to care for vulnerable groups based on charity and care for others, which are presented as doctrinal ideals of the religious organization.

The meaning attributed to drawings 4, 5, 6, and 7 conveys the materiality of love, also present in the institution's image and motto. In this scenario, especially due to the mention of Jesus in the stories, love is seen in the context of biblical faith, expressing transcendence and governed by superabundance. Justice is guided by strictly human precepts of equivalence, present in drawings 2 and 3. Therefore, it is understood that, for the group investigated, care for people in social vulnerability can materialize in the institution as a device for implementing religious and doctrinal ideals[21]. The symbolism present in this subcategory highlights the connection between participants' individual experiences and the philanthropic institution's cultural system, reinforcing hierarchies and identities.

When Denise Jodelet researched the representation of madness, she observed and analyzed, through narratives, that the confinement of people with mental disorders (with restrictions on participation in some religious activities and fear of contact) can symbolize the social fear of contamination or the maintenance of order, reinforcing stigmas for this group considered vulnerable[20].

In this sense, the religious impulse in images and symbols may reflect a doctrinal stance in the conduct of activities, as well as in behavior and interpersonal relationships. The participants in this study represent their shared imagery, ideas, symbols, and beliefs descriptively; that is, they attribute meaning to these symbols in order to reinforce belonging to the group, strengthening group identity and cohesion(13,22). It is concluded that the presence of these symbols is not neutral: it is linked to specific principles of religious doctrine that guide the actions and interactions of individuals.

The social imaginary of the investigated group is part of the collective phenomenon, which, related to psychosocial factors, describes emotional, social, and health needs, and the care offered to meet these needs[22]. It is known, therefore, that adherence to beliefs, especially religious ones, can be reflected in the work of professionals who provide social assistance[23].

In the second subcategory, Care Centered on Basic Needs, the concept of home/dwelling is related to basic care, such as hygiene, food, and assistance, but also to a space that provides shelter, reception, and re-socialization, represented by the reception institution, both in drawings 8, 10, 11, 12, and 13 and in the stories.

Reception institutions, according to Ordinance 121 of the Ministry of Health, focus on voluntarily welcoming and providing continuous care to users monitored by a Psychosocial Care Center (CAPS) who are in situations of social and/or family vulnerability and require therapeutic and protective support. They are understood as a territory that is not defined as a static place, but rather carries multiple meanings that can be understood as space, process, relationship, and composition[24]. Therefore, they are dynamic, constructed daily and collectively, an active place, full of interrelationships[25].

Thus, in light of the TSR, the representational object objectified in these spaces can have diverse meanings, with the sharing of new beliefs, knowledge, and ways of perceiving oneself. The theory argues that relationships, knowledge, and understanding are dynamic and change from time to time[11].

Another aspect addressed in this subcategory is the mechanism for defending the rights of vulnerable groups, with accountability for public authorities to implement public policies. Thus, entities such as the UN and other philanthropic institutions, as well as the institution of belonging itself, are characterized as providing care to people in social vulnerability, as observed in stories and drawings 12 and 16.

These aspects draw attention to the social and political landscape, in which people in social vulnerability present demands for care, whether in the public or private sector, aimed at meeting social and health needs. Their condition of vulnerability and reduced self-determination lead to difficulties in education, resources, and a loss of power to defend their own interests[7].

To this end, these findings need to be considered and incorporated into professional practices, aiming to empower vulnerable groups regarding their rights and equip them with defense mechanisms.

For the group studied, care for socially vulnerable individuals occurs through institutionalized actions—that is, organized within a structure, such as a philanthropic or religious entity. These actions are guided by the institution's symbols, values, and culture, such as its image, motto, and religious principles. The main objective is to meet immediate basic needs, such as housing and food, but also to strengthen the rights of vulnerable groups, promoting their autonomy and citizenship.

In general, representations stem from a collective understanding that contributes to individual knowledge, which can contribute to the design of care practices for these vulnerable groups[11]. The religious group associates care for people in social vulnerability with the biblical principles of charity and love for one's neighbor, embodied in actions such as donating food, housing, and other basic needs.

Although essential, actions such as offering food and shelter are insufficient to address the complexity of vulnerability. A homeless person is vulnerable not only because of a lack of housing and food, but also because of a network of exclusion, unemployment, neglected mental health, and social stigma, which requires a look beyond the physical and immediate, including emotional, cultural, and systemic aspects.

This study has limitations regarding the generalizability of the data and the specificities of the participants and study locus. However, it allowed us to identify the SR of these professionals regarding the care of people in social vulnerability, potentially fostering reflections on changes and/or improvements in practices across different areas of care, especially for vulnerable groups.

Final considerations

The social representations of reception workers regarding care for vulnerable populations highlight symbols and values of the philanthropic and religious institutions to which they are affiliated. From this perspective, care is directed toward meeting basic needs, such as food and housing, as charitable acts, but also toward defending rights and supporting political/social entities. The results, although limited to workers from three reception units, recognize the importance of the care provided, while also highlighting the importance of transcending traditional welfare, adopting critical and comprehensive approaches aligned with human rights and social justice. Therefore, further studies on the topic are suggested, allowing for broader knowledge on the subject.

Collaborations:

1 – Project design and planning: Daine Ferreira Brazil do Nascimento and Jeane Freitas de Oliveira;

2 – Data analysis and interpretation: Daine Ferreira Brazil do Nascimento and Jeane Freitas de Oliveira;

3 – Writing and/or critical review: Daine Ferreira Brazil do Nascimento, Jeane Freitas de Oliveira, and Georgiane Silva Mota;

4 – Approval of the final version: Daine Ferreira Brazil do Nascimento, Jeane Freitas de Oliveira, and Georgiane Silva Mota.

Conflicts of interest

No conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available in the article itself.

Acknowledgments

To the Coordination for the Improvement of Higher Education Personnel (CAPES) for providing and supporting a research grant that substantially contributed to this study.

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Received: February 23, 2025

Approved: August 17, 2025

Published: November 12, 2025