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Introductory Note



## Spirituality and bibliotherapy in the treatment of patients with HIV/AIDS: a phenomenological perspective

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### ABSTRACT

**Problem:** To consider the strain on caregivers who have to work for many hours; meet a significant demand in terms of needs; endure daily pain, loss and suffering on the part of their clients; provide care in environments that are often unhealthy and/or are lacking in many resources; not having received proper training and humanistic, psychological and spiritual education to deal sensitively and creatively with the human existential complex. **Aims:** To understand the perceptions of patients who experience HIV/AIDS in relation to their spirituality; analyze from a phenomenological perspective, the spiritual dimension experienced in care, through the application of reading narrated as therapy, and identify the impact of the practice of the art of reading associated with the art of caring, in the humanization of patients who experience HIV/AIDS.

**Method:** This is a descriptive study, in which a qualitative approach and a phenomenological method will be used, to be conducted by field research.

**Descriptors:** Spirituality; Bibliotherapy; Comprehensive Health Care; Comprehensive Health Care; AIDS

## PROBLEMATIC SITUATION AND ITS SIGNIFICANCE

In the health field, spirituality has been focused on as an enabler of the humanization of care for patients, promoting integral welcome to the individual and his family, facilitating the relationship between the caregiver and the care receiver, as well as the success of the assistance. It is also considered as a variable in terms of comprehensiveness. Spirituality has been defined as values, beliefs and behaviors of the individual related to the purpose and meaning of life; a connection with the self, with others, life and universal dimensions; inner resources and the capacity to transcend<sup>(1)</sup>. When considering the human being in his multidimensionality, the actions of instrumental care or techniques must interweave with expressive care, related to subjectivity<sup>(2)</sup>.

In the being's spiritual dimension, which is the scope of this research, we may highlight care as an essential tool to express itself in relationship with others, as an essence in its human subjectivity. In this entanglement, the art of caring is made through gestures and words which are responsible for the movement of life and which confirm it. Thus, reflecting the spirituality in the care process in which we consider the power of gestures and words, we may foresee the implementation of an innovative strategy that can delimit this gathering of meanings, purposes and transcendence: bibliotherapy, namely, narrated/oral reading as a therapy, to be used under the full care to patients experiencing HIV/AIDS.

The focus of this research on the spiritual dimension becomes possible, therefore, when treating spirituality as a psychosocial phenomenon and concept, as part of the multidimensionality of the human experience, the result of subjective self-realization, which is the complex part, and which differs from religion, religiousness and

personal beliefs<sup>(3)</sup>.

Considering the context of the entirety of health care, it is imperative to overcome the mechanistic and bureaucratic practices which are separated in parts and occur routinely. We should replace these practices and procedures for sensitive, creative and humane attitudes, especially favoring the expression of the spiritual dimension of the patient who experiences HIV/AIDS, thus being fundamental in the interactions of the care process in the face of human suffering and the possibility of the chronicity of the disease, or death.

This theme becomes relevant in view of the scarcity of studies that deal with deeper "spirituality", both in a broad and/or specified sense of health care from the perspective of patients who experience HIV/AIDS. Likewise few studies have prioritized the translation of this knowledge with the practical application of innovative methods that facilitate the strengthening of this dimension, facing the humanized comprehensive care of these patients.

## GUIDING QUESTIONS

What are the perceptions of patients who experience HIV/AIDS in relation to their spirituality? How do they experience the spiritual dimension in the care related to the therapeutic application of the narrated reading? What are the perceptions and meanings in terms of bibliotherapy in the spiritual care of patients who experience HIV/AIDS?

## AIMS

To understand the perceptions of patients who experience HIV/AIDS in relation to their spirituality; to analyze the spiritual dimension in

care experienced by the application of narrated reading as a therapy through a phenomenological perspective; and to identify the impact of the practice of the art of reading associated with the art of caring, in the humanization to patients who experience HIV/AIDS.

## METHOD

This is a descriptive study, in which a qualitative approach was used in the light of the phenomenological benchmark provided by Merleau-Pontyano for enabling the understanding of the phenomenon under consideration. This will be a piece of field research to be undertaken in a public hospital in the areas of infectious and parasitic diseases (ILD) and the ambulatory of the AIDS Coordination (CAIDS), where the research subjects are concentrated. This will involve patients who experience HIV/AIDS, who are transmitters, over 18 years of age, and who are in a position to participate in the research through free consent. The technique of data collection will be in the form of semi-structured interviews and participant observation. A form suitable for recording observations and the socio-demographic characteristics of the subjects, and an interview script, will be used as instruments.

Some texts, stories and poems will be selected beforehand, as best indicated by a psychologist, for use in the bibliotherapy. Patients will be interviewed before and after the narrated reading. During the whole approach to the subject, field observations will be performed, recording reactions such as gestures and facial expressions to capture non-verbal language.

The data treatment will be carried out through the analysis of the recorded observations, in which case we will be seeking correlations within the information obtained in the

interviews. The content analysis of the interviews will be performed according to Bardin, and the data will be grouped into categories and understood through the phenomenological perspective. The project will meet ethical principles, supported by the approval of the Committee of Ethics and Resolution 466/12 of the National Health Council (NHC).

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