



[DIGITAL EDITION]

Perceptions of patients' health in the face of the political crisis associated to the process for independence in Catalonia (Spain)

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Abstract Resumen

Objective: Get to know people's perception about the consequences of the political context on their own health. **Methods:** A qualitative study was conducted. Five users of the Raval Nord Primary Care Center in Barcelona city, who during consultation verbalized physical and emotional discomfort related to the political context. Semi-structured interviews were carried out, preserving scientific rigor through the triangulation of the researcher. **Results:** All participants expressed emotional and physical discomfort related to uncertainty and distrust towards political institutions. They manifested different types coping strategies; avoidance was the most used among others as resignation, socialization and involvement were also described. **Conclusions:** Participants perceive their biopsychosocial health as affected by the political crisis. They identify the political context as the main stressor. The social dimension and the person health's perception must be integrated into the professional practice, and it is essential for a holistic quality care. **Keywords:** Social determinants. Patient perception. Holistic care. Nursing.

PERCEPCIÓN DE LA SALUD ANTE LA CRISIS POLÍTICA ASOCIADA AL PROCESO DE INDEPENDENCIA DE CATALUÑA (ESPAÑA)

Objetivo principal: Conocer la percepción de las personas sobre la repercusión del contexto político en su salud. **Metodología:** Se realizó un estudio cualitativo. Participaron cinco usuarios del Centro de Atención Primaria Raval Nord en Barcelona que verbalizaron en consulta malestar físico y emocional relacionado con el contexto político. Se realizaron entrevistas semiestructuradas, preservando el rigor científico mediante la triangulación del investigador. **Resultados principales:** Todos los participantes manifestaron malestar emocional y físico que relacionaron con incertidumbre y desconfianza hacia las instituciones políticas. Refirieron diferentes tipos de afrontamiento; la evitación fue el más utilizado entre otros como la resignación, la socialización o la implicación. **Conclusión principal:** Los participantes perciben su salud biopsicosocial afectada por la crisis política. Identifican el contexto político como principal estresor. La integración en la práctica profesional de la dimensión social y la percepción de salud de la persona debe ser una realidad, y es esencial para un cuidado holístico y de calidad. **Palabras clave:** Determinantes sociales. Percepción del paciente. Cuidado holístico. Enfermería.

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Introduction

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. While most would agree with this definition, it is also true that the social dimension of this model has also gained other, deeper meanings, and it has gained prominence in the analysis of health issues. Health in our current society is intrinsically linked to the socio-politic-cultural-economic reality that surrounds it. Therefore, health can be understood as the ability that people have to develop in the world, in a specific reality and in a particular historical moment.¹

Additionally, each country's Healthcare System is understood as a part of politics, for it bears a responsibility to answer to social inequality, an obligation that is assumed as a professional and ethical commitment to people's health and the progress of society.²

In the social setting that this research is contextualized in, the political dimension acquires especial relevance, and hence an understanding of the process for independence of Catalonia is key. Popularly known as the *Procés*, it has reached the present day as a sequence of events that have developed since 2012 with the goal of achieving self-determination of Catalonia and independence from Spain. One of the key moments that frames this study occurred on the 1st of October of 2017 (known from then on as the 1-O), when a referendum for self-determination was held. It had been declared outside of state law by the regional government, the Generalitat de Catalunya, and took place in a climate of maximum social tension. The events led to the State intervening in the institutions of self-government of Catalonia and taking subsequent legal measures against its organizers, proceedings that have generated an intense social response.³⁻⁵

The political situation that unfolded in Catalonia in the months from October to December of 2017 befits a thorough analysis in relation to the repercussion it has had on public health. Previous to these events, Barcelona lived the traumatic experience of a terrorist attack. As primary health nurses whose domain contains Las Ramblas where the incident occurred, we have seen many of our patients suffer the shock of enduring such traumatic events. It seemed that the city in general, and the Raval district in particular, were recovering, thanks to quick social action, when further moments of

tension and threat arose during the referendum of the 1st of October 2017. During patients' visits to the nursing offices in the Raval Healthcare Center, references were made to the events and people explained how they were affecting them.

One of the reasons that prompted us to conduct this research was to identify the political process as a social determinant that was affecting people's health. Medicalizing symptoms such as insomnia, high blood pressure, severe headaches, dizziness, fears, and anxiety, which had appeared as an adaptive response to the ongoing political situation was, from our point of view, a way of providing an individual solution to a collective problem. This is a commonplace response in the face of many other health problems that are neither a disease (a biological condition) nor an illness (the subjective perspective that a patient has of a disease).⁶

Knowing how people face this crisis and other situations at a macro level (economic crises, social vulnerability, etc.) also justified our interest in carrying out the study.⁷ Giving patients a voice so that the nurse can integrate the most qualitative aspects of their environment into their care becomes fundamental when it comes to incorporating sociocultural factors into nursing practices. Knowing the context in which the health-disease process takes place, as well as the patient's own perception of their own experience is fundamental to offer comprehensive and quality healthcare.^{8,9}

Therefore, this study aims to analyze the perception of people in relation to the repercussion of the political crisis experienced during the process of independence in Catalonia on their health and their coping mechanisms.

Methodology

This is a phenomenological qualitative study, in which the data collection was carried out by means of a semi-structured interview that relied on a prepared script, shown in Table 1. Interviews were conducted during the months of February to March 2018. After presenting the study to the participants and obtaining their consent, the meeting was arranged in the units of the Healthcare Center, a place that favored both confidentiality and spontaneity, and it also guaranteed a clear audio recording. The interview lasted approximately one hour. It was carried out individually, as it favored the emergence of different issues

and allowed to delve into the aspects which proved relevant to the aims of the study. The interviews were later transcribed word for word.

The scope of the study was limited to the Dr. Lluís Sayé Raval Nord Healthcare Center. The population we deal with belong to low socioeconomic groups and has one of the lowest health rates in Barcelona, according to data from the Statistical Institute of Catalonia. Five patients participated in the study, who were chosen exclusively on the grounds that they had spontaneously verbalized feelings of unwellness related to the political context during their visits in October to December 2017.

The exploratory nature of the study allowed for categories of analysis to arise which are fundamental in order to understand the problem at hand, although the reduced sample of subjects did not grant the saturation of the data. A wider sample would likely increase the diversity of informants' discourses, taking into account the polarities that the events have created in the population. However, we considered that a larger sample would not substantially alter the analysis scheme of the study.

Both the collection of data, as well as its interpretation and analysis, were carried out by triangulation. All the researchers in the study interpreted the data. The different topics that arose in the first analysis were analyzed in pairs. The nature and meaning of the issues were contrasted with some of the participants to ensure their credibility. The transferability of the interview was addressed through the use of direct quotations in the presentation of the results.

The audio interviews were transcribed word for word. Each interview was read several times by the researcher who conducted it, in order to identify the main issues. Classification and codification followed. No previously designed system was used, as it became a mostly inductive process carried out by the researchers. Finally, the objective of the study was met by describing the discomfort and coping mechanisms that patients had showed during the political crisis in Catalonia as a consequence of the process for independence of 2017. The software Weft-QDA was used for the analysis of qualitative data.

All participants were briefed about the study *viva voce* and in writing. To meet the privacy and confidentiality criteria, an informed consent was requested from the patients as was their approval for the recording of the interviews. Confidentiality

was kept at all times in the handling of the data.

Results

Five patients were interviewed, three women and two men with an average of 75,4 years of age (the oldest was 85 and the youngest 62) whose profiles are described in Table 2.

In terms of the participants' perception of the impact of the political crisis on their health, the following issues have been identified: emotional discomfort, physical discomfort, causes of the discomfort, coping mechanisms and identity.

One of the participants used Spanish during the interview, the rest spoke Catalan. Below, we have included excerpts from the interviews translated into Spanish (in the annex to the digital edition we provide the literal transcription of the most representative excerpts of the interviews).

Emotional discomfort. All informants except one expressed some kind of emotional discomfort during the months of October to December 2017. They expressed subjective sensations in the form of unspecific symptoms that according to them were affecting their quality of life in different spheres: physically, socially and emotionally. They felt threatened by external stressors and identified that the beginning of their discomfort had coincided with the events around 1-O and the ensuing political events. They related these feelings of discomfort to different aspects of themselves and their interpretation of the world, their culture, and their social and family network. Below are some of the excerpts from interviews which display negative emotions:

Anxiety: *"I suffer from a lot of anxiety"* (E2); *"I can't do much and I'm very worried"* (E4).

Anger: *"It makes your blood boil!"* (E2); *"I watch the news every day and I see so many lies"* (E5).

Fear: *"I wasn't scared. And I wasn't, I was terrified"* (E3).

Sadness: *"only thinking about it makes me want to cry"* (E4); *"I'm sad rather than scared"* (E3); *"if you can feel anything at all, you're bound to feel sorry about what's going on"* (E5).

Physical discomfort. All participants are diagnosed with one or more chronic illnesses that are continuously monitored at the Healthcare Center. The period of Octo-

ber to December 2017 saw an increase in spontaneous consultations for acute physical symptoms, which in all cases were explicitly related to the sociopolitical environment and the impact it was having on the patients' lives. The physical problems that interviewees expressed during the consultations, which they later noted during the interviews, were the following:

Insomnia: *"It affects my sleep"* (E2).

High blood pressure: *"Sometimes, at the chemist, they'll ask me, 'would you like to check your blood pressure?' and I say, 'No, no.' I say no because I'm sure it's going to be high"* (E5).

Severe headaches: *"I felt like sometimes my head hurts from talking so much about the same thing, in the end I feel like my head is going to explode"* (E1).

Panic attacks: *"(...) and one day I had a panic attack"* (E3).

Causes of discomfort. In the speech of the interviewees, the causes of their discomfort emerge. They identify the events that took place after the 1-O referendum and the 1-O referendum itself as the main trigger of their discomfort. Two of the participants describe their personal experience on the day of the referendum when they went to vote, by expressing the uncertainty caused by the process; the mistrust generated by the Catalan and Spanish institutions, the decisions that were taken and they do not share; and the aggressiveness that security forces of the state used against the people.

In older people, feelings come to the surface that remind them of the Franco era, a period when both in Catalonia and in the rest of Spain democratic freedom was lost, political parties were persecuted and banned and Catalan's status as an official language was abolished. In their discourse, they also express the frustration and impo-

tence that some manifest by not being able to do anything due to their physical limitations. A general feeling of indignation and incomprehension of what happened during the 1-O is detected.

Aggressiveness: *"(...) the state's reaction was so brutal and so ruthless against the people"* (E2).

Uncertainty: *"this is definitely not over yet!"* (E4); *"You can't see the way we will go it's a huge problem"* (E2).

Frustration and mistrust: *"and they applied bloody article 155 of the Constitution, and I won't forgive them for that, for the pain they've caused Catalonia"* (E5); *"If I was 40 or 45 I'd be on the streets with everyone else, but it's impossible for me, it's impossible and I'd never felt as bad as I feel now"* (E4); *"Yes, of course they're not criminals, they're political prisoners and they won't let them out"* (E5); *"Treason and sedition, are only applied during time of war, but in times of peace?"* (E5); *"They can do whatever they want and that's what they're doing, exactly what they're doing, you've fought and you've done, you've been to demonstrations and in the end they do what they want. They've got their jobs... and you think 'they're all the same, they do what they want,' and why do you have to worry about them if they don't worry about us"* (E1).

Coping mechanisms. The participants expressed different efforts, both cognitive and behavioral, to manage stress and respond to different internal and external demands, as well as the conflicts that arose between the two. The main differences in the types of coping were perceived according to their personality, their immediate context and their own personal situation. Four types of coping mechanisms were found during the analysis of the interviews:

Table 2. Profile of the interviewees

Participant	I1	I2	I3	I4	I5
Age	71	62	78	81	85
Sex	female	male	female	female	male
Native	yes	yes	yes	yes	no
Occupation	store clerk	sales agent	retired	housewife	retired
Education	primary	university	primary	primary	primary
Home health care	no	no	no	yes	no
No. of cohabitants	2	alone	5	alone	2
Pathologies	HBP Lipid storage disorder	HBP HF DMII Liver trans-plant COPD	HBP AF Mitral insufficiency	HBP IHD MI CKD DMII	HBP CKD Prostate malignant tumor

In: Interviewee number 1, 2, 3, 4, 5; HBP: High blood pressure; HF: Heart failure; DMII: Diabetes Mellitus Type II; COPD: Chronic obstructive pulmonary disease; AF: Atrial fibrillation; IHD: Ischaemic heart disease; MI: Myocardial infarction; CKD: Chronic kidney disease

1) Implication in the process, be it by taking part in demonstrations or by trying to keep up with new developments at all times: *"I've actively taken part in all the mobilizations that there's been to support the process for independence and in protest for the political prisoners"* (E2); *"I follow the news well, I watch it on TV and read the papers; sometimes I'll buy two or three newspapers"* (E5); *"I go to bed very late because I'm watching the news, (...) we banged our pots and pans for the cassolada because I couldn't do much more, at least we went out and did something!"* (E4).

2) Socialization or desire for social support by engaging in mobilizations in order to feel part of a group: *"I've been to a lot of places where we didn't go before, and now I do"* (E5).

3) Avoidance: *"No, I don't watch TV (...), I steer clear of the subject, (...). That's why I'm one of those who've stepped aside"* (E1).

4) Resignation: *"No, I think we've just got to accept it. Well, but you feel sorry, you feel sorry and more so with your own family. You can't talk about a lot of things, but you know how it is, we're different and that's all right, but we've always respected each other"* (E3). *"I just don't know anymore; may God's will be done!"* (E4).

Identity. As they talk, the participants reference their origins and that of their families, the places where they have lived, their education, the use they have made of their languages, both Catalan and Spanish. They also discuss different historical and political moments that have shaped their system of values and symbols which they use to decode and confront life. They express the synthesis of their values and behaviors that the different media to which they belong transmit, values which they integrate according to their individual characteristics and their own life trajectory. Identity contributes to a person's psychic balance: on the one hand, it helps to hold a positive view of oneself and to create sense and meaning; on the other hand, it allows one to adapt to the environment and to the changes that take place in it.

In their interviews, they try to give an answer to what is happening in the present moment, taking past events as reference. In their discourse there are examples of how identity is defined in relation to others, either by similarities or differences. One of the participants expresses his feeling of identity by justifying himself in his life

trajectory from birth. They talk about relationships with their families and friends, as well as the supposed values that each one attributes to the current political conflict.

Elements of identity such as beliefs and values were observed in this category. During their stories, elements related to historical heritage, family history and language also emerged.

Historical heritage, values and beliefs: *"The Spanish oligarchy doesn't negotiate. We saw it with Cuba, with the Philippines, in Morocco they didn't want to negotiate with those Berbers either, we've seen it over and over"* (E2); *"This phobia towards Catalonia is nothing new, it's always been there! My father, God rest his soul, suffered it terribly"* (E4); *"It's a pity what they're doing in Catalonia, because Catalonia has always been a welcoming place"* (E5).

Family history: *"I was born in Murcia, I was, I was born in Murcia, I came here when I was one (...). My sympathies lie here in Catalunya. I don't deny my roots, I don't, but I feel Catalan all over, I don't know how to say it. And what's been done here, it's not that big a deal"* (E5); *"I've had family come here to work who've left singing the praises of this place and now they're back at the village, they respect Barcelona, and they respect it"* (E4).

Discussion

The results show that the profile of the participants is that of a fragile population group, with multiple pathologies; in other words, regular patients of the CAP. This favors the sharing of concerns that have been collected in the study and that the results show. The people interviewed start to feel emotional discomfort and feelings of unwellness that are associated with the political process which was experienced in Catalonia during the months of October to December 2017. The team that treated the victims of police violence of the Barcelona City Council wrote a report that collects similar results. The qualitative analysis of the report based on 65 cases identifies that feelings of anger, impotence, fear and sadness are present in the people who have used the support services for victims. These feelings result in a generalized distrust towards public institutions that the participants of our study also manifest. The symptoms that we collect as physical discomfort probably respond to cases of anxiety and stress, as the report also points out.¹⁰ Regarding the causes of the feelings of un-

wellness, the informants make reference above all to the uncertainty and mistrust in political institutions, both Catalan and Spanish. According to Lazarus and Folkman, there are no universally effective or ineffective management strategies, since it depends on the situation, the person or the type of threat.^{11,12} Within this framework we observe two types of coping mechanisms: on the one hand, avoidance and resignation behaviors which are more focused on emotion and aimed at reducing the degree of discomfort; on the other, those aimed at taking a more active role, such as socialization and involvement, seeking to feel part of a group.

Likewise, theoreticians like B. Neuman indicate that from primary prevention, professionals can have an impact on the reduction of stressors in people or on reinforcing the individual when facing the stressor.^{13,14} Nurses often work with people whose values and priorities might be different from theirs. Collière points out that caring for a person implies recognizing their cultural values, beliefs and convictions. The person recognizes the influence of their environment on them and evolves in the search for a quality of life that they will define according to their potential and priorities. Thus, health is a value and an experience that is lived according to the individual's perspective.¹⁵⁻¹⁸

The social and political factors that people live with determine changes in morbimortality patterns.¹⁹ Nowadays nurses develop their profession within the paradigm of transformation, in which it is essential to take into account the person within a new orientation of social openness in continuous relationship with a changing environment. Theorists such as Watson, Newman, Rogers and Parse are associated with this paradigm.²⁰ Nursing is therefore an intersubjective experience replete with feelings, emotions and uncertainties.²¹⁻²³

Conclusions

The participants perceive that their health has been affected by the political crisis that they experienced during the process of independence in Catalonia, which has motivated the activation of coping strategies to compensate for their feelings of unwellness. The social determinants of health become relevant and the political context is identified as the main stressor which affects different spheres of the patients' lives and their biopsychosocial health. The participants express different

types of coping strategies according to their identity, values, beliefs, personality and their circumstances as an adaptive response to changes in the environment.

This study aims to contribute to the realization of a professional practice that exceeds the biomedical model of care. Sociocultural changes and related health problems require that health systems and other institutions adjust and that they facilitate this approach to professionals as well, which should ultimately lead to a transformation in the culture of this field. The social dimension and its perception are vital to the understanding of certain health situations in the current context. Integrating qualitative variables of the environment into nursing, as well as the perspective of individual experience, is key in order to gather a comprehensive vision of the person and all the dimensions of their health; it is an essential step to offer an effective and high-quality holistic care.

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Annex. Identified elements and translated excerpts from the interviews

Word-for-word transcription	Translation into English
Emotional discomfort (anxiety, anger, fear, sadness)	
«Tinc molta ansietat. Això fa bullir la sang! I et provoca una reacció d'ira» (E2).	"I suffer from a lot of anxiety. It makes your blood boil! And it makes you react with rage" (E2).
«(...) malament, perquè m'agafa molt gran i no puc fer gaire cosa i estic molt angoixada a més a més només de pensar amb això només tinc ganes de plorar. Ho estic passant malament» (E4).	"(...) not well, because I'm very old now and I can't do much and I'm very worried; only thinking about it makes me want to cry. I'm having a hard time" (E4).
«(...) i un dia em va agafar un atac d'ansietat» (E3).	"(...) and one day I had a panic attack" (E3).
«Que tens por? Així mateix, eh... i jo dic: Por? Si et refereixes a lo que està passant, gràcia no me'n fa. I en comptes de por, si et poses, pena (...) i por, per què? Jo no sé lo que pot passar. I jo em vaig limitar a fer-li veure el perquè jo no tenia por. No era por, era terror lo que jo tenia» (E3).	"Are you scared? Just like that... and I said, 'Scared? If you're talking about what's going on, I'm not happy about it. I'm sad rather than scared (...) why, scared? I don't know what could happen. I only made him see why I wasn't scared. And I wasn't, I was terrified" (E3).
«No gaire animada amb tot això que està passant i que estem vivint aquí a Catalunya» (E4).	"Not too jolly with everything that's going on that we're going through here in Catalonia" (E4).
«I després, d'afectar això, afecta, també t'afecta, perquè jo veig les notícies cada dia i veig moltes mentides, moltes... Si que afecta una mica, però vols oblidar-lo, hi ha dies que estàs empenyat segons lo que sents. Ara, tot lo que està passant, doncs si tens una mica de sentiments (...), sents lo que està passant» (E5).	"It gets to you, this does, it really does. I watch the news every day and I see so many lies... It gets to you, but you'd rather forget it. There's days when you're angry with what you hear. But with everything that's going on, if you can feel anything at all (...), you're bound to feel sorry about what's going on" (E5).
Physical discomfort (insomnia, high blood pressure, severe headaches)	
«M'afecta a l'hora de descansar (...), a l'hora de dormir (...), no d'una manera massa greu (...), l'únic que em pot costar dormir» (E2).	"It affects my sleep (...) but not in a big way (...), it's just that I might find it hard to fall asleep" (E2).
«Però, a vegades, a la farmàcia em diuen: «(...) vols prendre la TA?» I dic: «No, no». Els hi dic que no (...) perquè penso que sortirà molt alta, així si la ignoro, es com aquell que diu si baixes el cap no veus el d'això» (E5).	"Sometimes, at the chemist, they'll ask me, '(...) would you like to check your blood pressure?' and I say, 'No, no.' I say no (...) because I'm sure it's going to be high, so I ignore it, I can just look the other way and I won't see the whatsit" (E5).
«(...) yo notaba a veces que me duele la cabeza de estar hablando o de cosas del tema del tema, terminas que la cabeza digo me va a estallar» (E1).	"(...) I felt like sometimes my head hurts from talking so much about the same thing, in the end I feel like my head is going to explode" (E1).
Reasons for discomfort (aggressiveness, uncertainty, distrust, frustration)	
«(...) la reacció de l'Estat, tan brutal i tan descarnada contra el poble (...)» (E2).	"(...) the state's reaction was so brutal and so ruthless against the people (...)" (E2).
«La sedició i la violència només s'apliquen quan... quan és en temps de guerra, ¿eh? (...) Traïció i (...) i sedició, només s'apliquen en temps de guerra, però en temps de pau? En temps de pau, no!» (E5).	"Sedition and violence should only be applied when... when it's war time. Treason and (...) sedition, are only applied during time of war, but in times of peace? Not in times of peace!" (E5).
«(...) perquè això no s'ha acabat encara! Això no s'ha acabat encara, ja veurem lo que passarà (...)» (E4).	"(...) this is definitely not over yet! It's not over yet, we'll see what's next (...)" (E4).
«(...) no es veu un camí, no es veu un camí pel que caminarem. No es veu la via que... que farem (...) és una problemàtica molt grossa i que no es veu clara cap a on va» (E2).	"(...) you can't see the path, there's no path for us to take. You can't see the way we'll go (...) it's a huge problem and we can't tell what direction it's taking" (E2).
«(...) i ens foten l'article 155, això no els hi perdono jo, el mal que han fet a Catalunya amb això no els hi perdono (...)» (E5).	"(...) and they applied bloody article 155 of the Constitution, and I won't forgive them for that, for the pain they've caused Catalonia, I won't forgive them for that (...)" (E5).
«Si tingués 40 o 45 anys ja seria al carrer amb tota la gent, però es que m'és impossible, a mi m'és impossible i jo no m'havia sentit mai tan malament com em sento (...). A mi això m'ha posat molt, molt nerviosa perquè es que no puc fer res, no puc fer res, no puc fer res!» (E4).	"If I was 40 or 45, I'd be on the streets with everyone else, but it's impossible for me, it's impossible and I'd never felt as bad as I feel now (...). This has made me very, very nervous because I can't do anything about it, nothing at all!" (E4).
«Jo dic que sí que son presos polítics, perquè tot lo que fan es política. Sí, sí, clar, clar, no son pas criminals, són presos polítics i no els deixen anar (...)» (E5).	"I say they're definitely political prisoners, because everything they do is politics. Yes, of course they're not criminals, they're political prisoners and they won't let them out (...)" (E5).
«Que facin el que vulguin porque es lo que están haciendo, porque es lo que están haciendo, has luchado y has hecho, has ido a las manifestaciones al final para hacer lo que quieren ellos. Y ellos sus sitios, sus puestos... i dius si tots son iguals, cadascun va a la seva, i perquè te has de preocupar per ells i ells no pensan en nosaltres, i jo dic, perquè mira, em posen tan mala» (E1).	"They can do whatever they want and that's what they're doing, exactly what they're doing, you've fought and you've done, you've been to demonstrations and in the end they do what they want. They've got their places and their jobs... and you think 'they're all the same, they do what they want,' and why do you have to worry about them if they don't worry about us, and I say, they really wind me up" (E1).
Coping mechanisms (avoidance, implication, socialization, resignation)	
«(...) he participat activament a nivell ja de iaio dels 60 en totes les mobilitzacions que han hagut en pro del procés i en protesta pels empresonaments polítics. No és cosa d'ells sinó que és cosa nostra, per tant he de participar en la mesura que pugui» (E2).	"(...) I've actively taken part, as an old guy in his sixties, in all the mobilizations that there's been to support the process for independence and in protest for the political prisoners. It's not about them, it's about us, so I have to take part as much as I can" (E2).
«Claro, claro que seguexo les notícies (...) sí, bueno, clar la sento a la tele, la llegeixo al diari, de vegades compro 2 o 3 diaris» (E5).	"Well, yes, I follow the news (...) well, I watch it on TV and read the papers; sometimes I'll buy two or three newspapers" (E5).
«Me'n vaig a dormir molt tard mirant les notícies... Escolta'm, jo no molesto a ningú, ni insulto a ningú, ni falta al respecte a ningú, és la meua opinió, mentres la pugui donar, la donaré (...). Doncs miro les notícies i m'entero i llavors puc fer algun comentari amb l'un o amb l'altre i és lo que faig. (...) fèiem la cacerolada com que jo no podia fer res més, sortíem i fèiem algo!» (E4).	"I go to bed very late because I'm watching the news... Listen, I don't bother anyone, I don't insult anyone, nor do I disrespect anyone. It's my opinion, and as long as I can share it, I will (...). I watch the news and I find out and then I can talk about it with someone or other and that's what I do. (...) we banged our pots and pans for the cassolada because I couldn't do much more, at least we went out and did something!" (E4).
«(...) tinc una... una... una bufanda teixida a ma catalana, i la porto moltes vegades. Molta gent diu: "Quina bufanda més maca!", sobre tot quan vaig a la plaça del mercat (...) He anat a molts puestos que abans doncs, no anàvem, ara vaig» (E5).	"(...) I've got this... this... Catalan handknitted scarf, and I wear it often. A lot of people go, 'That's a nice scarf!' especially when I go to the market square (...). I've been to a lot of places where we didn't go before, and now I do" (E5).
«(...) cuando salen cosas en la televisión procuro ya sacarlo (...) porque es que, si no terminaríamos muy mal (...). Pero ya te digo últimamente cambio de esto y procuro no pensar, no pensar porque no llegas a ningún sitio. No, no veo la tele (...),	"(...) when it comes up on TV I make sure I switch it off (...) because otherwise we'd end up arguing (...). But like I said, lately I avoid this and try not to think, I don't think cause it takes you nowhere. No, I don't watch TV (...), I steer clear of the subject, it's

<i>yo procure dejar el tema de lado, ya hace tiempo que ya no voy con ella ni a las manifestaciones, es que ya no voy. Por eso te digo que yo soy de las que me he apartado» (E1).</i>	<i>been a while since I've stopped going to demonstrations with her, I just don't go anymore. That's why I'm one of those who's stepped aside" (E1).</i>
<i>«(...) no, no perquè penso s'ha de tenir resignació. Bueno, però et sap greu, et sap greu I més amb la pròpia família directa no pots parlar de moltes coses, però ja ho saps, som diferents i no passa res, però el respecte no es perd» (E3). «(...) no sé, que sigui el que Déu vulgui!» (E4).</i>	<i>"(...) no, I think we've just got to accept it. Well, but you feel sorry, you feel sorry and more so with your own family. You can't talk about a lot of things, but you know how it is, we're different and that's all right, but we've always respected each other" (E3). "(...) I just don't know anymore; may God's will be done!" (E4).</i>
Identity (historical heritage, beliefs, language, family history)	
<i>«Em sap greu el que estan fent a Catalunya, ¿perquè Catalunya ha sigut sempre una terra d'acollida, eh? Això ho sap tothom. Aquí a l'any 49, l'any 50, van vindre mitja Espanya a buscar feina, van trobar (...)» (E5).</i>	<i>"It's a pity what they're doing in Catalonia, because Catalonia has always been a welcoming place, eh? Everybody knows that. Here, in the year 49, 50, the half of Spain came here to look for work, they found it (...)" (E5).</i>
<i>«(...) però la sensació de que l'oligarquia espanyola no negocia, o sigui, que la direcció político-social espanyola no negocia, és certa. Es va veure a Cuba, es va veure a Filipines, al Marroc tampoc van voler negociar amb el Berbers aquells, se'ls hi ha vist moltíssimes vegades» (E2).</i>	<i>"(...) but the sensation that the Spanish oligarchy doesn't negotiate, that the Spanish sociopolitical doesn't negotiate is true. We saw it with Cuba, with the Philippines, in Morocco they didn't want to negotiate with those Berbers either, we've seen it over and over" (E2).</i>
<i>«¡A vegades la gent diu que no ha existit, sí que ha existit això! I sembla mentida que no escarmentem de tot lo que ha passat, que tornen a estar una altra vegada amb les guerres i a tot arreu igual, la gent no escarmentem, i no hi ha manera, no hi ha manera!» (E4).</i>	<i>"People say it hasn't happened, but it has! I can't believe we haven't learned our lesson with everything that has happened, they're doing it again with the wars and it's the same everywhere, we don't learn our lesson, we just don't!" (E4).</i>
<i>«(...) però es que no és d'ara aquesta fòbia a Catalunya, ho ha sigut sempre! El meu pare, que en pau descansi, ja ho va patir, ja va patir-ho i molt que ho va patir (...)» (E4).</i>	<i>"(...) this phobia towards Catalonia is nothing new, it's always been there! My father, God rest his soul, suffered it, oh yes, he suffered it terribly (...)" (E4).</i>
<i>«Perquè jo, jo, jo sóc de naixement murcià, jo soc de naixement murcià, vaig vindre amb un any (...). Les simpaties les tinc aquí a Catalunya. No renego de la meva sang, no renego de la meva sang, però em sento català pels quatre costats, no sé com dir-t'ho (...). I això que s'ha fet aquí, no trobo que sigui per tant (...), tant (...), tant (...)» (E5).</i>	<i>"I was born in Murcia, I was, I was born in Murcia, I came here when I was one (...). My sympathies lie here in Catalunya. I don't deny my roots, I don't, but I feel Catalan all over, I don't know how to say it (...). And what's been done here, it's not that big a deal (...)" (E5).</i>
<i>«Escolta'm, jo he tingut família que han vingut aquí a treballar i se n'han anat dient glòria d'aquí i ara estant al poble, respecten Barcelona i ho respecten, si has vingut a treballar, a guanyar-te la vida» (E4).</i>	<i>"Listen, I've had family come here to work who've left singing the praises of this place and now they're back at the village, they respect Barcelona, and they respect it if you've come here to work, to make a living" (E4).</i>