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Health promotion as an opportunity for emancipation

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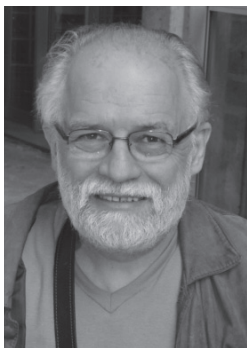

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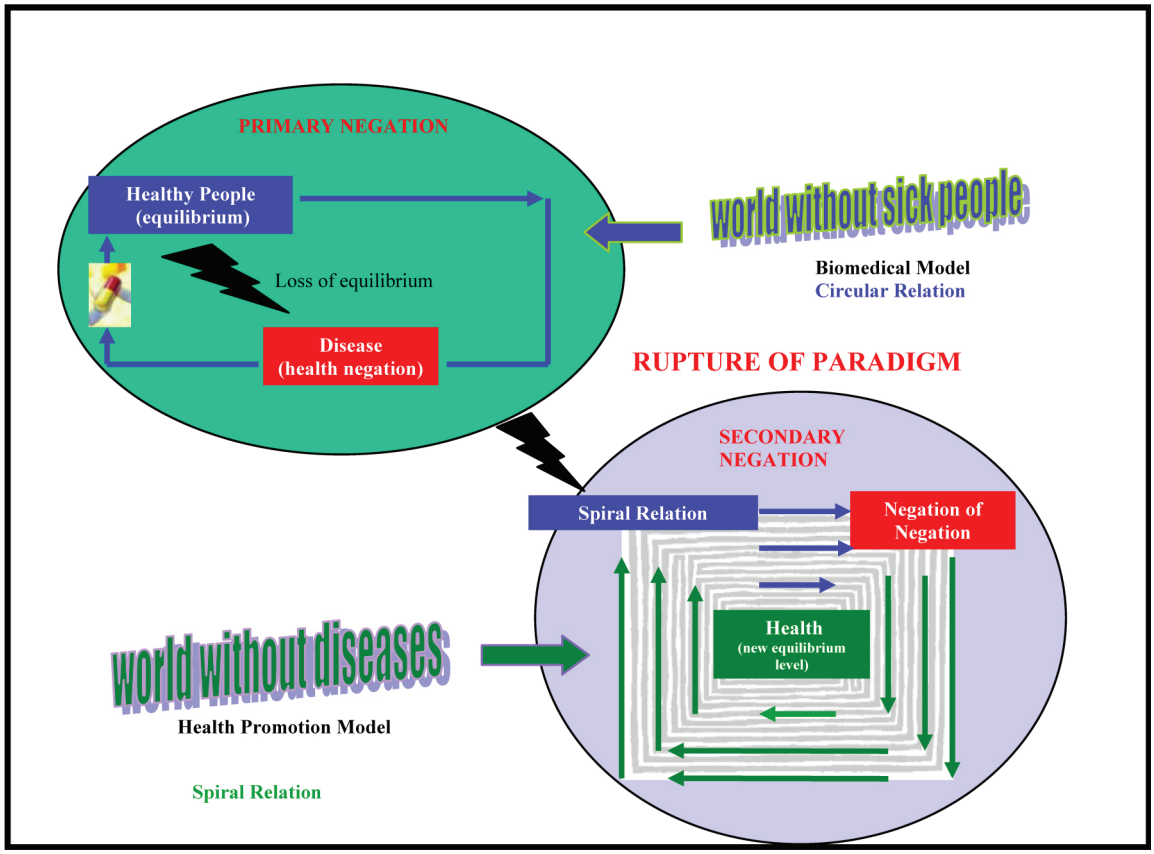
Abstract
In the present work the possibilities offered by health promotion, reviewed as a negation of negation and its identity, in contrast with the presently understood model of health/disease, circular and reproductive in nature, are discussed. From a historically constant human component, characterized by the dialectic of "to be bad and thus to seek to be well", health promotion as negation of negation is also analyzed as an opportunity for emancipation, in contrast with the circular model, understood as a business opportunity. Finally, the conditions and obstacles to be overcome for effectiveness in changing perspectives in the understanding and practice of health/disease in relation to health promotion as a negation of negation are pointed out.

Keywords
Health promotion, health-disease, emancipation, rupture of paradigm, bio-medical model

The scheme



Presentation

The scheme above (which is a remodeling of the one presented in LEFEVRE et al., 2004) tries to synthesize our vision about the concept of health promotion and, correspondingly, about those of treatment and prevention, thus promoting a level of understanding and intervention about the reality of health: this concept can only be explained by contrasting it with the other two levels of understanding and intervention, which are treatment and prevention.

Two assumptions

First, however, it is necessary to elucidate two basic theoretical assumptions:

First, it must be understood that contemporary discussions about the health promotion concept will be more profitable if health and disease are always perceived as an inseparable pair.

Of course it is possible – as many do – to perceive health separately from disease, as a synonym of the pursuit of happiness, quality of life, etc.; it is even understood that with such use researchers and theorists are looking for a broader vision of health, less contaminated by the hegemonic biomedical thought, etc.

However, as the intention of this paper is to make further suggestions, and even though it is not simple to make such dissociation in the real power game, without doing so it would seem to be impossible to build or demonstrate any real progress in the field of health.

It is believed, on the other hand, that the search for an enlarged vision of health is perfectly possible if it is not separated from the concept of disease.

The second assumption is that the health/disease pair, both in theory and in practice, is a historical reality and, therefore, neither definitive, nor perpetual or unchangeable, and that what is perceived and practiced today as health is linked to the assumptions and foundations of present societies, which, however, are concerned with those forms, necessarily transitory, of society and not with all possible forms.

Having thus elucidated these points, the explanation of the scheme via the primary negation sphere can be started.

The primary negation sphere

Taking the present as a base, at a synchronous level, disease is seen as the primary negation which necessarily makes one place it in the field of necessities or basic needs that are part of human beings, along with hunger, cold and other similar conditions. There is also, consequently, a reflection in the cultural sphere, which implies saying that part of the production system of property and services and also, consequently, of the knowledge/science and technology areas are supports of this system,

since culture is generalized and naturally perceived, in part, as construction and development of equipment, technology and knowledge to face the privations that man is submitted to.

To become, to be, to remain sick and, consequently, to mobilize the apparatus of the production system of goods and services to face this privation, is a process seen as natural, spontaneous, fatal, which will be repeated whenever the (expected) reappearance of a new disease or morbid event occurs.

The circularity of this process produces its own naturalization and mischaracterization by being re-assuring for the subject, as it provokes in him/her the feeling that "the world is like this, it has always been and will ever be". And it is this circularity that, on the symbolical level, makes the "system" work and reproduce itself.

This mischaracterization is certainly not a synonym of the absence of history, but the presence of history as the repetition, in this case as the repetition of the basic narrative model of the (eternal)fight of the good agents, that is, in this case, the producers of health that today are science and technology and their operators (doctors, surgeons, nurses, psychologists, physiotherapists, etc), against the evil agents, in this case, the disease/trauma producers (germs, hazards, genes, human violence , etc.) at the moment that such disease or trauma has reached or is about to reach human bodies and minds.

The sphere of primary negation being discussed here is the one that includes the biomedical model of understanding and the one of intervention in the health/disease pair, whose central action consists in the permanent production and reproduction, both in theory and in practice, of health as a response to disease, in a picture or context that has as its vision or ideal model the *world without sick people.*

In this model, *disease* is conclusively and completely *something to be treated*, so that from this treatment *health* arises, and is treated in the setting of the body of a man or woman or (as in the case of vaccines) in the collective bodies of men/women. Such treatments consist in avoiding or preventing the body from becoming sick or getting sick again (prevention) or, having been inflicted with disease, control, minimize or remove the effects, through chemistry or physical means, of such disease from the body (control, rehabilitation, cure).

Such a process is symbolically efficient as it has as its basis one of the essential and lasting elements of the narratives, which consists in combining "new" with "same", promoting, on the receptor, the message of the expectation about the new form or disguise with which evil (disease, in this case) will appear and about how good (health, in this case) will impose itself, once more.

However, next to this more lasting aspect, it is important to verify the present change of quality in the narrative and symbolical efficiency associated with health/disease as good (health) begins having scientific rationality as its foundation, which progressively has been taking the place of its former mystic, religious, and supernatural foundation, in order to remove and hide its essential nature of belief (a belief in science does not imply in a contradiction in terms in any way) making the old human fantasies of eternal life, youth, power, and beauty start to take the shape of reality and possibility in the social imagination.

The rupture

To be able to think of progress as a change in the quality of the understanding of health or, in short, for the expression "health promotion" to have a theoretical or practical meaning it will then be necessary to break the circularity of the former model and of conceive health not as the absence or the non-disease resulting from the technological intervention in the sick bodies/minds, but as the negation of **this primary circular relation**, that is, as negation of negation.

However, ample present contemporary review of this model indicates that there are many possible procedures and paths to negate this circular relation.

It is possible, of course, in the core of the criticism movement, *to think about another thing*, especially in health that is divorced from disease and placed in another semantic field. However such thinking presents the risk of building a speculative path, with no visible pragmatic consequences and having, moreover, as a serious political connotation the fact that, when *we think about another thing* we would involuntarily be contributing to making the problems and practice of the health/disease continue existing, for they would have no opponents, freely existing and reproducing themselves in the field of knowledge and in the social tissue, in the shape of this primary circular relation.

Being bad and thus looking for wellness

Due to the aforementioned, it seems to be necessary to refuse this way, refuse *thinking about another thing*, *thinking about the same thing in a different way.*

But how would *thinking about the same thing in a different way* be*?*

To answer this question we need to digress and introduce a new concept as an explanatory link.

This new concept refers to a constant history, a primary condition, inherent in man's being, that has been accompanying man during his history, and that can be expressed in the dialectic: ***be bad and thus look for wellness (or, be well and may be bad)***, that is, first of all, in human feeling, necessarily diffuse and vague, to be with one's body/mind threatened by suffering, anguish, pain, death, incapacity, deformation and then, in a dialectic way, in the energy or impulse to overcome such condition and, consequently feel well, that is, healthy.

Be-bad-and-thus-look-for-wellness is, first of all, something logical and of first concern when the topic of discussion is the conception of health/disease.

It is a necessary foundation to consider whenever the concern is to build any perception and/or to start any intervention in health/disease.

Be-bad-and-thus-look-for-wellness is, at the same time, a perception and a reality (yet vague).

It is a perception, because it refers to the necessary instrument to arrange the reflection about the nature of the concept or idea of health/disease.

In this way, *be-bad-and-thus-look-for-wellness* could be seen as what PIERCE (1975) calls primarity, that is, the foundation or what comes before the sign or of the whole process of meaning, always referring briefly to the concept of health/disease being at stake.

This perception referred to is, on the other hand, a reality, something that exists, even if vaguely, as a quality (PEIRCE, 1975), feeling or sensation and a movement, that creates or gives conditions to a kind of real discourse and practice (the health-disease discourse and practice), real, credible.

Be-bad-and-thus-look-for-wellness is also a temporary primarity: the history *always comes after* this feeling/movement, as a result of it.

Such feeling/movement, that has always been accompanying man, was replaced by a libidinous, cognitive, symbolical, imaginary, practical, religious, aesthetic, mystic, financial, political, scientific and technological investment that, cumulatively, has led to, along the course of human history, configuring a specific place, a clear social region or field, in the sense that Bourdieu (BOURDIEU, 2004) gives to the word.

Be-bad-and-thus-look-for-wellness is a permanent condition of the human being, an anguish, an anxiety and a constitutive energy. In this sense, to say that history *always comes after* this feeling/movement is the same as saying that the feeling/movement never disappears, *always* accompanies history, as a parallel line.

Permanence, temporary aspect and power

In a certain way and paradoxically, in spite of its inherent vagueness, such feeling/movement is more solid exactly because it is more basic and permanent when compared with the temporary aspect, the instability and even the "liberty" associated with the significance and re-significance of processes applied on this solid base, which, in their turn, are replaced by the production of the possible diverse discourses about health/disease.

As it is based on an extensive and vague feeling and a movement so broad and vague as *to look for being well* with one's body/mind, Health can appear as what we call "diffuse positivity" (LEFEVRE et al., 2004), that is, *a pending value* allowing it, in theory, to associate itself with an extensive and diversified range of feelings, as Ayres (AYRES, 2007) well points out: "... I am healthy ("because I am feeling well"; "because I am very active, enterprising", "because I can do my things", "because I do not depend on anybody", "because I am happy".....)" (p.47).

However, if the topic of health/disease is focused on in the present context and from the perspective of POWER, we can see a generalized interest, not only in biomedicine, as AYRES (2007) remarks , but also in the market itself in a general way, in denying or restricting such liberty, temporary aspect and arbitrariness as this restriction and the consequent "positiveness" or adjustment of health/disease give way to the strong powers linked to the acts of advertising, selling, legislating, decreeing, arbitrating and producing health/disease.

In fact, the power, as it is, today, hegemonically practiced in the field of health/disease requires the "positiveness", which allows to affirm (and, consequently, considering what linguists call "language acts" really exercise the power) that "this is disease", "this is health"; that "the (real) diseases are these (the IDC ones)"; that "you are sick", "are healthy"; that "to be healthy it is necessary to take medicine x", "practice exercise y", also promoting and provoking the symbolical violence that is mentioned by BOURDIEU et al. (1970).

Of course, then, such "positiveness", "concrete things" or "facts" are ideological pieces (VERON, 1980), sense productions; health/disease is not a *to be* but a *to become*, objects of economic competition, inter-corporate disputes among the technology corporations and the like.

Thus there is a better position is to guide a possible response to the question: ***how, to surpass the stalemates of the market and the biomedical model of health/disease, or refuse thinking about another thing to think about the same thing in a different way.***

So, to think about the same thing would have as the object of thought the *feeling/movement of being bad well*, which could be seen as what "*is at stake*" (BOURDIEU, 1997) in the field of health as a whole, and think about this thing in a different way would be to understand this object as an *emancipation opportunity*.

The secondary negation and to be bad as a business opportunity an emancipation opportunity

In fact, *to be bad* as referring or potentially referring to a permanent human condition can generate, in a dialectic way, an *opportunity* or possible condition for a health emergency.

Such opportunity is the hypothesis of this paper, and it can be read today, under a sociological and political view, of either a ***business opportunity*** or of an ***emancipation opportunity.***

In this way, in the historical scenario of market economies, such opportunity begins to be read as *business opportunity*, which can only give place to a primary and circular negation of being bad, but that has as a product an *ever temporary* feeling of wellness, for a business must always be "in circulation", that means, being permanently reproduced.

Health promotion as the negation of the negation, as it is proposed as a break of paradigm, then necessarily appears as a negation of this circular relationship.

However, to be able to negate such a circular relationship it is necessary to accept that the circular model

cannot take care of, in symbolic and practical plans, all the feelings of badness and the energy for wellness.

It can be safely said that the health promotion movement, since the release of the LaLonde Report (BUSS, 2004), originates from this feeling of insufficiency and articulates an alternative model as its way out.

The proposal of health promotion, indeed, demands that the present model of understanding and caring for the health/disease and commercial relationships based on science and technology that correspond to it cannot be seen as "the end of the history" of health/disease; that to invest in such a model would not only solve the problems but would also create even more problems, generating the so-called iatrogenic effects, classically denounced by ILLICH (1978).

However, at the heart of this criticism, this first health promotion ends up "throwing out the baby with the bath water", leaving the disease as its focus and seeking to centre the action and the reflection on a "positive" health and to disconnect it from disease (LEFEVRE et al., 2004), which ends up taking the movement to serious theoretical and practical stalemates, draining its radical critical power.

Thus it is clear that the meaning of the rupture being discusses here, which generates health promotion as a secondary negation qualitatively different from the primary negation, needs to point to a new perception or to a re-significance of the basic or referred to condition: *be bad* and never abandoning it, never refusing to play, with the market and hegemonic biomedicine, the "game of be bad/be well".

In this new understanding, which is the one of health promotion as negation of negation, the grounding assumption is changed: men and women *are not bad* because the body/mind is bad (assumption of the market and of biomedical model of the primary negation) but, on the contrary, men and women's bodies/minds are bad because men and women are bad, that means, are living badly, with bad relationships, working badly, living badly in cities, etc, and this leaves marks in the body/mind.

This way, to be in a bad body/mind – because such a state bothers, assaults, disturbs a man, a citizen – generates an opportunity to understand the state of being bad as a kind of Freudian *bad feeling of the civilization* offering and, consequently, offering a concrete possibility of knowledge for transformation or emancipation, as SANTOS (1996) would say.

The health promotion as negation of negation program has as its primary objective, studying (and even treating) the physically and/or mentally bad, observing society's role it, and attempting to understand how being physically/mentally bad reflects on the badness of civilization and how it reveals society.

For this reason the concept of the "healthy city" and similar traditional "icons" of health promotion – cannot be *the primary objects* of health promotion proposals, but a consequence or expansion of research results, or intervention based on research, which allow the revelation and clarification of the relationships or causal sequences between the mortality data (quantitative and qualitative) and those related to morbid states and their socio-economic, psychosocial, cultural, and socio-environmental determining factors.

Except for these casual relationships, such "direct" or "immediate" health promotion is easily absorbed (assimilated) by an infinitively greedy market that embraces everything and that is endowed with a high level of flexibility to adjust to market conditions/contests, as one more new brand, or name, or class of goods or health service destined to be part of the stock of goods and services known as the "available for purchase" sort.

A world without sick people *vs* a world without diseases

The assumption of the circular model, as it was remarked, is that of a body/mind that is bad, that is, a sick being, and in this model, it is necessary to know what is going on or what has happened to such a body/mind and what to do *in it or to it* to control (cure, heal, protect, comfort, diminish, etc.) such badness.

In this circular model of health-disease, then, the unit of knowledge and of action or practice is always the individual body/mind because in the society of goods, of which such a model is a by-product, the purchase of specific goods and services by a person is seen as the only (or the noblest) resource to stop badness. In this context, a variety of goods and services to stop badness are offered for the individual to buy, including, besides medication, surgery, exams and also the privatization of the health promotion under the trends, for example, of a healthy style/place to live, *with lots of green, places for walking, supermarkets with organic food, fitness facilities, etc.*

Utopia, horizons, energies; the desire that moves the circular model is one of a *world without sick people*, and that one therefore faces its antithesis, that is, the one of a *world without diseases*, the energy that moves health promotion as a negation of negation model.

The focus now is on disease and not on sick people and diseases not as conditions of sick people considered by themselves, but as attributes or qualities of ***men of history, living in society.***

That does not imply any disregard for sick people or any movement for dehumanization, being, on the contrary, a second and socially more efficient humanization proposal, as it has historically classified people as agents, who have diseases or feel bad and, therefore, at least in theory, get stronger power to effect concrete social changes.

In this way, for health promotion, a disease is something that goes wrong with a man as a social and historical being and that is reflected in his body/mind, and that is necessary to be understood, by examining the causes or dependency relations between feeling bad and life in society as a historical experience; the understanding of these relationships, in its turn, can be used as an opportunity for human emancipation.

However, it must be clear that the *démarche* of health promotion involves understanding or trying to understand and intervene in society and heal its wounds from disease and not the inverse, that is, the disease from society, which means, on the contrary of what the first health promotion says, the major political entity responsible for the health/disease theory and its practices is the health sector, and not society as a whole.

The syntax rules of the community health discourse may not order its base syntagm as: "society is badly organized, there are social injustice, inequality, etc. *then* there *should* be diseases that are reflecting these wounds"; the proper syntax, in our opinion, should take care of the inverse syntagm, that is: "there are diseases, and *so* such diseases may be reflecting social unbalances and disarrangement".

So, in terms of this second syntagm, the most important task of health promotion, implies an understanding of disease and facing it looking, not for an individual cure or an individual's well-being, but for collective emancipation.

Health as performance *vs* Disease as disturbance

In the present society (and world) in which we live, the liberty for the individual to look for and ascribe meaning to "his" health, to his well—being and to his cure is strongly restricted as, being a society that is ruled by the consumption principle, the figure of the individual is subsumed by that of the consumer and the pursuit for health by performance, that is, by an individualized pursuit of well-being and by the consumption of supposedly health-providing behavior, products or services; all of which forces individuals and groups imprisoned and depending on the market and its logic, making people to be forced to consume the behavior, product or service supposedly healthy at the risk of not "performing", that is, not to be able to reach the physical/mental arbitrarily established as healthy and, consequently, lose scores on the "game of life".

Such reasoning also holds true for positive health viewed as community performance; cities or countries (and even continents) that do no behave in a "healthy way", and which do not consume healthy public politics, lose scores in globalized *rankings* and, consequently, are not considered deserving of investments.

Therefore, the basic human condition of *being bad* is sized and co-opted by the market to oblige us, individually or collectively, not to be bad and to be healthy, to always consume what is incorporated into "the good", which implies either not having any IDC diseases, or, positively, "performing" accordingly.

In opposition to this, it is possible to understood the idea of health promotion as the possible contributor to a new sense of being bad, perceiving it as a kind of disease, pain, death, or threat of suffering that allows and enables, by reading the nature of the threat and by using the political-pedagogical transforming energy generated by it, the opening of a path to emancipation.

Conclusion: in a negative sense, showing the insufficiencies of the circular model and in a positive one, pointing out the emancipation possibilities present in the dialectic model

Two conclusions can be pointed out, a **negative** one, in which it is necessary to recognize the insuperable inadequacies of current understanding and practices in regard to the health/disease model, largely hegemonic, among all mankind; and the second, a **positive** one, linked to the fact that the permanent human condition characterized by *we are bad and thus look for wellness* leaves open broad possibilities for redirecting health and disease issues towards **emancipation. I**f people can, through an appropriate reading of their own morbidity and mortality, understand the reasons why *they feel bad* they could, using this understanding and dissatisfaction with their state, move positively towards *being better* as individuals and collectivity.

However, it is necessary to recognize that such an emancipation, in order to stop being merely a simple "word of order", needs to be opposed to the current dominating negation of disease resulting from interventions by an increasingly sophisticated scientific-technological base that is ever more complexly related to markets which are weakly regulated by a state that largely serves hegemonic interests.

Finally, to become emancipated, humans need to discover, among other things, the reason why so many of them die of cancer before their time, are so stressed, increasingly use drugs, kill each other at a very high rates in big cities and on the highways; why they attack wives and sons, clog their veins and arteries and swell their bellies, poison the fish, transform the screens of their TV sets into voyeuristic mirrors and etc *ad nauseum*.

As can see be seen, these are not pleasant tasks at all.

Bibliographic references

AYRES, J.R.C.M. Uma concepção hermenêutica de saúde. **Physis: Revista Saúde Coletiva**. Rio de Janeiro, v.17, n.1, p.43-62, 2007.

BOURDIEU, P. ***Sobre a televisão****. A influência do jornalismo e os jogos olímpicos.* Rio de Janeiro: Jorge Zahar, 1997.

BOURDIEU, P. **Os usos sociais da ciência**. Por uma sociologia clínica do campo científico. Sao Paulo: Editora Unesp, 2004.

BOURDIEU, P.; PASSERON, J.C. **La reproduction:** elements pour une theorie du systeme d'enseignement. Paris: Ed. Minuit, 1970.

BUSS, P.M. Uma introdução ao conceito de promoção de saúde. In: **Promoção de Saúde:** conceitos, reflexões e tendências. Rio de Janeiro: Fiocruz, 2003.

ILLICH, I. **Medical nemesis:** the expropriation of health. New York: Pantheon Books, 1982.

LEFEVRE, F; LEFEVRE, A.M.C. **Promoção de Saúde:** a negação da negação. Rio de Janeiro: Vieira & Lent, 2004.

PEIRCE, C.S. **Semiótica e filosofia**. São Paulo: Cultrix/Edusp, 1975.

SANTOS, B.S.S. **Pela mão de Alice:** O social e o político na pós-modernidade. 2ed. São Paulo: Cortez, 1996.

VERON, E. **A produção do sentido**. São Paulo: Cultrix/Edusp, 1980.

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