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Editorial

The Importance of Knowledge/Doing of Nursing for the Social Construction of Health: Care in Movement

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The theoretical debate on the social construction of the health/disease process is based on a constructionist approach, which has multiple intellectual roots. Some of the basic building blocks that support this debate are evident in the writings of early sociological thinkers, such as Émile Durkheim, Karl Mannheim and WI Thomas, among others. Symbolic interactionism and phenomenology, two popular intellectual trends that intersected in 1960s sociology, also significantly contributed to the social constructionist approach to the health-disease process [1].

The experience of health and/or illness is socially constructed. This assertion is supported by the strong pragmatism underlying symbolic interactionism and phenomenology, which affirm that reality does not just exist out there, in the world, waiting to be unveiled. But it is created by individuals who act in your world, towards it. Bringing this statement to the health-disease process, it is possible to show that people interpret their health or disease based on their experiences and attribute meanings to them. People are not merely passive entities, to whom things are done (whether by illness or by doctors and treatments). Therefore, this is the general starting point for many sociological studies focused on health, in which the daily and subjective experience of the subjects in the construction of health and disease is highlighted [2].

Dialectically, we cannot think of the conceptual existence of health without a conceptual evocation of the disease, there is no way to talk about one without considering the inexistence or existence of the other, whether physical, mental, spiritual, or social, and in this the dialectical relationship is materialized between both. Hence the terminology "health-disease process", which has its significance (meaning) based on the experiences lived by the subjects in their social and cultural systems. Health and disease are not simply present in nature, waiting to be unveiled by scientists. Both are socio-cultural designations and constructions, in no way given in nature for the simple fact of a medical diagnosis or other health professional. These arguably have both biomedical and experiential dimensions, that is, cultural [3].

Undoubtedly, the social construction of health permeates several constructs, which permeate diverse knowledge from Merleau - Ponty existential phenomenology, anthropology, sociology, social psychology, health education, among other disciplines, in an attempt to dismantle the epistemological framework of the rhetoric of truth guided by scientific reason linked to positivism, emphasizing in marked opposition to this posture, the "constructed" nature of social reality, the experience of subjects and the meanings attributed by them to phenomena related to the health-disease process experienced and/or observed in societal relations.

In this context, from a constructivist perspective in dialogue with the Social Determinants of Health (DSS) theory, it is evident that health is a psychosocial phenomenon, therefore, socially, and historically constructed. However, this construction is not free from ideolo-

gies. It brings in its historical process an indicator of the current ideology about being healthy or getting sick in each society, resulting from the current social representations, the strength of the pharmaceutical industry, public policies, and tensions between medical and popular knowledge about care/health care; these factors are strongly present in the training of health professionals, reflecting on the work processes of health teams in the various work environments of human care.

As a result of the specific characteristic of the training of nurses, who become health educators par excellence, they, unlike most other professionals in the health area, are able to perceive that health is a social construction, which transcends the mere biological aspect and the medicalization of bodies, being historically determined, considering that it is present in the historical process of life of each human being, therefore, a product of this life in constant movement, being temporal and constituted by biopsychosocial conditions. In this perspective, it is built during the human existential dynamics in its trajectories and dimensions, resulting from the subjectivity and intersubjectivity of the subjects that give multiple meanings to the life-health-disease triad [4,5].

Nursing care/care occurs because it is a dialogic, educational process, in which the being cared for is respected in its uniqueness and life history, whose knowledge that emerged from their experiences in micro-meso and macro social spaces are valued in the art of care, indisputably, contributes to the social construction of health. This phenomenon (Social construction of health), complex and somewhat difficult to understand for most students, professors, and professionals from other courses in the health area [4].

The knowledge/doing of Nursing in its ontology is significantly important for health to be perceived as a social construction, in which self-care is an effective strategy for reaching the multiple dimensions of individual and collective human existence. Taking care of someone transcends the medicalization of bodies; this process involves enabling spaces for speech and active listening, considering the experiences and meanings attributed to it by the subjects, the social determinants of health imbricated in the rescue and maintenance of human life in motion edition. São Paulo: Martins Fontes, 2006.

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