


Stories and notes about a tragic micro-promotion of health

Causos e notas sobre uma trágica micropromoção da saúde (resumo: p. 14)

Relatos y notas sobre una trágica micropromoción de la salud (resumen: p. 14)

Luiz Fernando Silva Bilibio^(a)

<fernando.bilibio@ufrgs.br> 

^(a) Departamento de Educação Física, Fisioterapia e Dança, Universidade Federal do Rio Grande do Sul. Rua Felizardo, 750, Jardim Botânico. Porto Alegre, RS, Brasil. 90690-200.

This text uses ways of thinking present in the philosophy of Friedrich Wilhelm Nietzsche (1844-1900) to explore some tragic meanings that compose formulations denominated health promotion, including the extravagant notion of quality of life. Through health work stories, it offers false fragments of real encounters of care to announce a tragic micro-promotion of health as a tool-concept to think about the relationship between control and risk, between protection and ecstasy in health production. Lastly, the perspective of damage reduction is viewed as a clinical-political possibility to inhabit and creatively tolerate the tragic horror of our human condition in its sanitary face.

Keywords: Health promotion. Tragic. Nietzsche. Damage reduction. Micropolitics.



Introduction

On one occasion, I and my colleagues from the Street Outreach Clinic interacted with a group of women crack-cocaine users who earned money in exchange for sex. We used to go there on a regular basis to produce health acts - among them, health promotion acts. Every time we went there, many of those women asked for some type of health material or healthcare. Even when we did not raise the subject, they frequently justified the ‘undesired’ use of crack cocaine. They said things like: “my bad, but today I’ve already smoked crack; yeah, I wanted to stop but I can’t; I know I’m harming myself; I swore I wouldn’t smoke it anymore, but yesterday I came back”. “Circe” was one of those women. Looking at us sideways, she just listened in silence to her companions’ justifications. After hearing some of those speeches, Circe said loud and clear: “I smoke it because I like it, because I love it, I won’t apologize for what I do with my life. It’s my life, I like crack, I smoke it and that’s all!” The health team was astonished. The other women then remained in silence, smiling sideways and listening to what Circe was saying. This story is a false truth.

I have always thought that health promotion is one of the most slippery notions of the large field of health. Promoting health means promoting quality of life... Who would dare to disagree with this statement? But let’s face it, the mission is not easy; it is tragic! We often name “health promotion practices” everything that in the end turns out to be disease prevention practices. Rarely does anyone escape: promotion is promised but prevention is delivered. Czeresnia¹ recognizes that a problem emerged when public health became responsible for health promotion and included quality of life in its objectives. However, its practices continue to be organized around the elimination or reduction of diseases.

The confusion, the movements between prevention and promotion, seem to happen in large proposals, projects, and public policies, but also in daily healthcare encounters; in the body and soul of the health services. Health promotion is the odd man out of the sector, an audacity that is appreciated but stands in the way. On the one hand, it reveals that the technobiosciences and public health alone are not capable of promoting health - it proclaims itself intersectoral and interdimensional -; on the other hand, it is a commodity to the proposals and practices that have been named with the same purpose.

Health promotion wishes to qualify, in a positive fashion, individual and collective existence in its biological, economic, political, educational, cultural, aesthetic, ethical, psychological, and spiritual dimensions, among others... just this! A medicalization of life enabled by the ‘positivization of health’². A significant moment of this positivization happened when the World Health Organization (WHO) proclaimed “health as complete physical, mental and social well-being”. The relevance of signifying health as absence of disease was, thus, reduced. Would the positivization of health be a type of extravagance? Anyway, the perspective traveled around the world, informed the health systems in the industrialized West, and the commotion began. Today, stating that something aims at health promotion is a strategy to dignify the initiative, to add charm and finesse to health acts. However, one of the great challenges of such formulation is precisely its Apollonian mission of qualifying life; a mission



that assumes the exercise of evaluating well-being and the things that give quality to life³. What is a quality life? How should quality of life be evaluated? Who performs this evaluation?

Health promotion extends beyond the sanitary scientific narrative and its institutionalized daily practices. Answering that quality life is life without risk factors has become insufficient⁴. Evaluating existence through epidemiological statistics and by the calculation of normal patterns and (pre)pathogenic deviations is too limited. The technobiosciences continue to produce answers about what quality of life is, but their answers seem to weakly guide practices that are too dehydrated to potentialize existence. Beyond the technobioscientific formulations, other dimensions and perspectives have gained prominence in the discursive field of health promotion.

The social determination of the health-disease-care process has reached a fundamental pertinence, embarrassing anyone who has some collective/community sensitivity and wants to work in health promotion. We can ask, for example, which quality of life is being desired and to whom, when the rhetoric that is used recommends 'healthy eating', 'regular practice of physical activity', reduction/elimination of the use of tobacco, alcohol and other drugs, but does not prioritize the elimination of extreme poverty nor of violence against women and the Black, Indigenous, homeless, and LGBTQI+ populations? Based on the way in which the technobioscientific experts propose health promotion, we can think it is an exercise of asceticism targeted at the male, white, middle-class, and heteronormative public.

In other words, the well-known disease prevention is dressed up as health promotion and excludes the economically disadvantaged, those who are different, and persons with abnormal desires. Cornered by the force of capital and by today's moral values, health promotion says it is one thing and turns out to be another; it says it is for all but is within the reach of a few.

However, the social determination that affects the health-disease-care process is not the only dilemma of the extravagant Apollonian mission of 'promoting health'. It also seeks to produce subjectivities and universalize healthy behaviors. Health promotion also faces the multiplicity of existence and the imprecision that constitutes the human evaluation of life. Here, aspects of the inaccuracy of existence seem to infiltrate the paths and detours of promotion when they find the "unspeakability of the real"¹. Paraphrasing Fernando Pessoa, "producing health is necessary, promoting health is not necessary".

Thinking about the unspeakable and the imprecision of life implies considering the limits of human conscience. The exercise of trying to approach the dimension in which our soul-body is being disputed: micropolitics. Nietzsche is the main intercessor of my meanderings in the maze of micropolitics. How is the human evaluation of life composed? What life is the object of valuation? These are questions approached by the ways of thinking of Nietzsche's philosophy - a toolbox to reflect on conscience and non-conscience, evaluation of life, the risks of the 'one' and of the 'multiple' that compose us. The 'self' as a plural and changing unity of the game of life; of the will to power.



Conscience and will to power

One day I had a chat with “Calypso”, who had returned to her family’s home two months before. She had lived on the street for many years. Calypso was known as the queen of the avenue: it was for her that most cars pulled over. She was the one who earned the largest amount of money as a sex professional. A large part of the money Calypso earned was used to buy crack. In one of those ‘tricks’, she was a victim of sexual violence; she barely escaped death. Due to this, she became aware of her situation, reflected a lot and decided to leave the streets. In that health encounter at her family’s home, I asked her how she was. Calypso answered: - “So so... In my head, I know I must be here... but I’m dying to get in the car of a stranger!” She paused, looked me in the eye - as if asking for a handrail to guide her behavior - and concluded: - “I shouldn’t be thinking about this stuff, right?”. This story is another false truth.

According to Nietzsche⁵, it is human conscience that evaluates life and warns us of health risks. This is our strength and our weakness. To the philosopher, conscience is the least developed structure of the human species. He argues that we lack “any organ for knowledge, for ‘truth’: we ‘know’ (or believe or imagine) just as much as may be useful in the interests of the human herd” (p. 271). It is precisely this organ that establishes the values that need to be considered to compose human behaviors and, in the case of health, the self-surveillance references inherent in self-care; now we are the ones who must promote our own health⁴.

However, Nietzsche believes that conscience is a type of ephemeral fraction of the soul. Nietzsche⁶ understands the soul as a changing arrangement of the world. A dynamic arrangement and - to a large extent – one we are unconscious of. To him, we are an ocean unknown to ourselves. An ocean into which rivers flow with social, affective, instinctive, organic, and inorganic waters-forces. It is over the waters of this ocean in motion that the leaf of conscience floats, exhibiting the function of evaluator and coordinator of life. The force of the tides, the dynamics of the currents of the will to power.

Will to power is one of the capital terms in Nietzschean philosophy⁷. For the purposes of the present text, it will not be possible to explore many relevant aspects of this statement. However, it is worth highlighting some elements that enable to see will to power as a game of forces, as a politics of life. In “Assim Falou Zarathustra”⁸ [Thus Spoke Zarathustra], the protagonist asserts: “where life is, there is also will: not will to life, but — so I teach you — will to power” (p. 146). A diversity of forces that act and interact, composing different events and bodies. To Deleuze⁹, the “concept of force in Nietzsche is, therefore, that of a force that relates to another force; under this aspect, the force is called will” (p. 13). When human conscience denies the perils of the intensity and multiplicity of existence, it performs the double movement of affirmation and denial in the game of life of the will to power. It affirms a regulated existence, a life without exaggerations; the potency exercise of a will that denies the power of will.



Before proposing an interpretation of life, Nietzsche warned that “here one must think profoundly to the very basis and resist all sentimental weakness”. With this warning, the philosopher interprets life as “essentially appropriation, injury, conquest of the strange and weak, suppression, severity, obtrusion of peculiar forms, incorporation, and at the least, putting it mildest, exploitation”⁵ (p.171).

An activity of appropriation, obtrusion, incorporation, exploitation, domination that leaves a trail of symptoms; values, bodies, ideas, behaviors, projects, theories, institutions. From Nietzsche’s point of view - Marton¹⁰ writes -, “life is struggle, force is aggressive drive, health is offensive and defensive capacity” (p. 156). It is a clash between the forces of conservation and the forces of expansion and creation. A clash, a dance, a game, and a war without a truce configuring existences and, specifically in this article, producing policies of life and health.

In other words, the plurality of forces that constitute the will to power enters the dimension of human conscience in a superficial, reduced, false way. Thus, the productions of the modern individual are productions marked by falsifications, generalizations, superficialities. We evaluate quality of life in this way. As a commentator on Nietzsche’s work, Giacóia Júnior¹¹ believes that such reflection on the subject of conscience and truth reveals a criticism that desires an effect of estrangement extended to the morality dominant in the political project of modernity. The macro and micro dimensions of health policies are no exception.

Micropolitics of care and micro-promotion of health

On one occasion, the team of the Street Outreach Clinic went to an abandoned stretch of land for the first time. Untrimmed vegetation covered the place, inhabited by a group that smoked crack. We used to go everywhere identified as health workers. When we arrived there, “Antinous” was the first to see us and when he identified us as health agents, he shouted: “Who are you to come here and penetrate our minds”? The team was astonished and froze. Improvising, I answered: “Well, isn’t it true that everything that exists penetrates our minds some way or other”? Antinous looked at me, thought for a while and said: “Ok, come closer”! Another false truth in the form of a story.

Both Gilles Deleuze and Michel Foucault read Nietzsche anthropophagically. Both Deleuze and Foucault used the games of forces of the will to power to reflect on politics. Foucault¹² argues that “The forces at play in history obey neither a destination nor a mechanics, but the randomness of the struggle.” He then states that the forces “always emerge in the singular area of the event” (p. 28). Foucault¹³ plays with the multiple correlations of immanent forces when he formulates his perspective of power.

When Deleuze¹⁴ commented on Foucault’s perspective of the microphysics of power, he understood that there is an extension of Nietzsche’s work: in Foucault, power is informal, microphysical, and passes through knowledge and beneath it; “it is force and relation of forces, rather than form” (p. 122). When he analyzes the dynamics of the forces of the will to power, Deleuze⁹ also builds the relation to politics



by saying that “any relation of forces constitutes a body: chemical, biological, social, political” (p. 62).

In Deleuze and Guattari¹⁵, every society and every individual are modulated by political forces. “Everything is political, but politics is, at the same time, macropolitics and micropolitics” (p. 82). Macro and micro are two faces of the configuration of existence, and “they are effectively different, but are inseparable, intertwined with and in each other” (p. 90). The micropolitical dynamics occurs in the conscious and unconscious dimension of mental life; in human flesh and in the social tissue; in the virtual and in the updated dimension. Right now, our minds, our bodies and our hearts are being politically disputed by organic, moral, social, machinic, and, of course, sanitary forces.

In this perspective, when one speaks of the micro, they are also speaking of the macro and vice-versa. Macropolitics is composed mainly by conscious, rationalized and structured interests; it refers to what social institutions can do in the individual and collective existence. Micropolitics is composed mainly by what is situational and contextual; it privileges what is close over what is real; it refers to what daily action can do. The singularization between freedom and control. In this way of thinking, it is possible to glimpse macro and micro dimensions also in health policies - a perspective whose main supporter is, in Brazil, Emerson Elias Merhy.

To Merhy¹⁶, “the notion of impotence does not fit in the micropolitics of the work process”. The author argues that the live work process in the act is always open and crossed by different logics, and perceives, as an example of power, “the permanent creativity of the worker in action in a public and collective dimension” (p. 61). Merhy believes that operating soft (relational) technologies means inhabiting the micropolitics of care production. However, he warns that, in the care encounter, “the polarization between autonomy and control is undoubtedly a place of tension” (p. 165).

Feuerwerker¹⁷, when relating micropolitics to health, understands that this perspective can give “visibility to the design and to the dynamics in act of the intertwining of lines and plans that configure the social and real dimension at a certain moment and from certain points of view”. Regarding more specifically the field of health, she argues that “like every human activity, health practices are production acts, as they modify something and produce something new”, changing everything that is understood as a necessity. Finally, she recognizes that health practices are strongly “guided by scientific knowledge, and are also constituted from their social purpose, which is historically constructed” (p. 37).

As it happens, at a certain moment of the history of health, a new force is introduced that will also act in the sanitary micropolitics: health promotion. Beyond the elimination of disease, the international health agenda absorbs the semantic extravagance of quality of life – well-being, pleasure, joy, delight, among other exuberant senses. Thus, the qualification of communities to improve their quality of life becomes one of the missions of health promotion. Such affirmation has been present in the letters issued by the International Conferences on Health Promotion since 1986. From then on, thinking of micropolitics in the context of health means considering the forces that take possession of the notion of quality of life; it means considering a micro-promotion of health.



In this perspective, micro-promotion of health is a concept-tool to reflect on the intimate arena in which positivized health – even though outdated and contradictory – disputes our soul-body. With micro-promotion of health, the semantic force of ‘quality of life’ enters the space-time of the micropolitics of healthcare production. Micro-promotion of health is viewed as a cartographic strategy to map the encounter between impulses, temptations and the sanitary order; games of life marked, on the one hand, by the delights of bodily pleasures and, on the other hand, by the asceticism inherent in disease control and in the long-lived lifestyle.

To put it in another way: the core of the tension between the plurality of intoxicating behaviors and the biological conservation of the human species begins to compose the micropolitics of care through the action of micro-promotion of health. Dilemmas like sleeping some more or getting up to practice physical activity; eating red meat or not; lighting a cigarette or not; drinking a glass of beer or not; waiting in a sitting or standing position; taking the elevator or the stairs; going by car or by bicycle return on a daily basis. Prosaic banalities as health problems; tragic micro-decisions.

The countless and tragic dilemmas of micro-promotion of health always return. At any moment, another risk. Living is a journey of exposure to dangers. Here, stories can help. They do not need to be true; they need to instigate sensations, stimulate thinking, contaminate practices. For example, the adventures of the Greek mythology character Odysseus.

Art, Odysseus, the sirens, and the tragic perspective of micro-promotion of health

During one undergraduate lesson, I asked the students what they understood by lifestyle. One of them immediately answered: “They’re two, right, professor?” Instigated by her answer, I asked her to explain it better. And she did: “Well, my grandfather told me that there are two lifestyles: the healthy one and the... enjoyable one”. Apollo and Dionysus had just entered the classroom. Another story, another false truth.

These two Greek mythology Gods are extremely important in Nietzsche’s work. In the same direction, I believe in the power of employing Greek myths to reflect on micro-promotion of health, something that is far from being original. Castiel¹⁸ has also used mythical thinking to analyze aspects of the relationship between health and risk. If, on the one hand, the author recognizes mythology as an incorrect and false explanation of the world, on the other hand, he perceives that myths “can be seen as a way of articulating and expressing deep personal and cultural truths”. He then defends the function of myth as a metaphor, “in which the explicit meaning is reached without rationalizing or explanatory processes” (p. 80).

Greek tragedy composes Nietzsche’s philosophical path. Apollo represents clarity, harmony, form, accuracy. Apollo is the truth, the law, rules and customs. Dionysus represents exuberance, ecstasy, disorder, chaos. Dionysus is joy, inebriation, intensity. While Apollo conserves life, Dionysus throws carnival parties. In Safranski’s¹⁹ analysis



of the relevance of tragic art in Nietzsche's production, there is a power relation between word and music, and the word is the one that neither emerges from the core of our existence nor gets there.

In the Apollonian evaluation that characterizes the expert systems of modernity²⁰, language can be deceitful. Truth is narrated through words, not through music. The technobioscientific experts speak; they do not sing. They need to be rationally understood in order to prescribe safety in the face of danger, and to generate reliability in the face of risk. What is incomprehensible is rejected. The logic of binary opposition that composes this will prescribes what causes human suffering. Such identification is combined with the prescription of a less painful existence. A sober, austere, severe, profound meaning configures the speeches of truth, because excluding pain, deformity, and the crippling of life is no joke. A heavy rigor occurs in this secular tradition. It becomes necessary to deny that part of life that hinders, hampers, denigrates the human condition and, of course, threatens health. Everything that is false.

To Nietzsche⁶, the "falseness of an opinion is not for us any objection to it [...]. The question is how far an opinion is life-furthering or life-preserving" (p. 11). Nietzsche's tragic thought mixes pleasure and pain, truth and lie, health and disease, good and evil. It is far from being modern and does not intend to separate the things that, precisely because of their hybridity, give exuberance to existence. It is in this sense that the mythological figure of Odysseus is highlighted in Nietzsche's perspective and returns as a conceptual character²¹.

Odysseus was the smartest of the Hellenes, and his cunning was known all over Greece²². The King of Ithaca, he had already accomplished successfully his mission in the Trojan War: the idea of the famous "Trojan horse" was his. Now he was going back home to the arms of his beloved wife Penelope. Odysseus wanted peace and quiet. However, in the journey between Troy and Ithaca, many things happened in more than ten years of adventures and misadventures. The encounter with the sirens was one of these challenges.

Circe, a sorceress who owned precise information, warned Odysseus against the sirens' dangers and enchantments. They would be in his way, but it would be possible to avoid them. Therefore, Odysseus had already been warned by an 'expert' that sirens were anthropophagic beings. Odysseus was even aware of their seductive strategies: they attracted victims by means of a beautiful and irresistible song. Furthermore, he had already received instructions on how to avoid those problems and damages to his life. He should stop his ears with wax and recommend that all his sailors do the same, so as not to hear the fateful song of the sirens, to be able to safely continue their voyage home.

But as Circe was a sorceress, she also relativized and made a second prescription, a more mundane one: "If, however, the hero wanted to hear their dangerous song, he would have to order his sailors to tie him to the ship's mast, and under no circumstances should they free him from the ropes"²² (p. 309). Can it be that Circe was already a kind of "damage reducer"? Then, as the sirens were very beautiful and their song was indeed indestructible, it happened as it had been predicted! Odysseus, even though 'civilized', liked to spice up his existence. Thus, completely tied to the mast, he enjoyed the song of those sea creatures of exhilarating beauty. Nietzsche liked this story, a tragic anecdote. Safranski¹⁹ analyzed Nietzsche's admiration for the epic character of Odysseus:



Enraptured by the Dionysian dimension with which life must keep in touch so as not to become a desert; and at the same time depending on his civilizing instruments of protection so as not to be at the mercy of the dissolution force of Dionysus. It is not surprising that Nietzsche sees the image of this precarious situation in the fate of Odysseus, who let himself be tied to a mast in order to hear the sirens' song without having to follow it and end up being destroyed. Odysseus embodies Dionysian wisdom. He hears the unheard, but to protect himself he accepts the shackles of culture. (p. 70)

To glimpse this scene from the *Odyssey* puts some elements on the stage of the tragic micro-promotion of health: (i) responsibility when it comes to the possibility of destruction of life is not absent from tragic thought; (ii) however, tragic wisdom, represented by Odysseus, recognizes that without the intensity of joy – the sirens' song -, life becomes tedious, arid; (iii) these two aspects represent the double horror of tragic wisdom. The conscience that oscillates, that is torn apart in both directions. Sometimes it stares at the protection of what it already knows, sometimes it enjoys the fiery sea, ecstasy, adventure. The laceration of living responsibly tied in order to be able to go wild; a tragic quality of the micro-promotion of health.

This is the tragic laceration that always returns in the great and small banalities of everyday life. This passage from Homer's work does not wish to synthesize the image of constant balance in a healthy life. It is not about the quiet and undisturbed "some of this and some of that". The image is not of a pondered harmony between Apollo and Dionysus, between protection and risk. The image is of despair, affliction. Odysseus wants to free himself, and the ropes are tied even tighter. He screams desperately but his companions do not hear him; and he planned all of it himself. Could it be that Odysseus performed a damage reduction practice? The image represents the beauty of the eternal wound of existing; the tragic perspective of existence affirmed by Nietzsche.

The Dionysian sea is always dangerous. To the conservation and prolongation of biological life, the sirens are the devil in person. In an ascetic reading, the sirens' song has no function, no utility; it is pure risk! In this perspective, Odysseus jeopardizing his life only to listen to a song would be irresponsible and childish. However, this epic hero recognizes the power of the child. The force of tragic laughter; the divine privilege of enjoying the intoxicating song of the muses of the sea. The conscience oscillates, the soul is lacerated. The fiery sea of Dionysus and the exactness of Apollo, life as it is, configure the tragic micro-promotion of health and are far from being a promise of good future.

Damage reduction as a clue to inhabit the tragic micro-promotion of health

Once, after we insisted a lot, a coworker from the Street Outreach Clinic and I managed to persuade "Calypso" to go to a healthcare emergency service and we accompanied her. She had been unable to speak properly for a few days due to



a strong inflammation in her throat. Calypso was nervous in the waiting room. We tried to calm her down by explaining the importance of being there, taking care of herself. As the wait was tedious, we started to tell funny stories. We tried not to laugh, seeking a behavior compatible with the environment. Calypso was between us, in silence. At a certain point, we realized that the expression on her face started to change. It was an expression of perplexity, of amazement. We were astonished, too. My colleague quickly asked what had happened. Calypso answered: "I'd forgotten". I asked: "About what?!" And she said: "I'd forgotten that I can smile without smoking crack!" After she said that, laughter replaced the amazed expression on Calypso's face.

Reflecting on the tragic micro-promotion of health means considering the Dionysian future in health promotion. If we do not listen to our conscience's voice, we fail to distinguish risky from non-risky. Risk reduction is an element of healthy behaviors, which, as Caponi³ reminds us, are behaviors that are part of the very birth of social medicine; something that enabled health actions to become interventions in what is promiscuous, alienated, or just irresponsible. Conscience tricks compatible with the modern scientific method in its great meta-function: to organize chaos.

Health promotion policies are still full of narratives that put into play, into fight and into dance the delicious banalities of life and the risks to health. Living becomes risky. To Cezeresnia²³, 'identifying and reducing risks' are central issues in this policy; that is, the management of risky behaviors emerges, in this context, as a founding element of the health promotion discourse. Caponi³ complements this proposal by implicating health ideas in the exercise of the administrative control of bodies. On the one hand, this management is limited by the conceptualization of the notion of well-being; on the other hand, the lack of problematization of this notion allows the health machinery to intervene in everything in human existence that is conceived as risky and dangerous. The asceticism of the micro-promotion of health.

In Brazil, Luis David Castiel has a singular production – with his ironic and radical style – in which he problematizes the labyrinthine themes of the pretentious promotion of a life without risks. When he asks, in one of his texts, if "those who live more die less"²⁴, the researcher wants to indicate the presence of moralizing postures in the idea of health promotion, which seek righteousness, purity and avoidance of blemishes; it is a discursive construction where the notion of risk fulfils this accountability function. When he mockingly states that "to err is human, but to blame others is even more human"⁴, he ponders that health promotion, as a policy, seeks its rhetorical success by appealing to a massive feeling of guilt, terrifying the apprehensive and constraining the embarrassed. These aspects lead us to the need of watching over ourselves and practicing prevention, supported by a persecutory logic. When he denounces "the phantasmagoria of health risks – obstinate, I pray... –"²⁵, he finds that health risks place a heavy cloak of responsibility on individual loneliness. Castiel's ideas are arrows of inopportune senses shot at the macro and micro dimensions of health promotion.

The act of respecting tragic life in health encounters, inhabiting the intensity of micro-promotion, implied slowing down time and attention. Such action was



necessary in order to be able to face and tolerate that ready-to-use and hegemonic risk-avoidance responses cannot tackle the excess of the world. Perhaps it is necessary, however unbearable, to produce some porosity for the excesses of the world in health acts²⁶. This attitude is present in damage reduction.

Initially a health strategy in the interaction with the ‘problematic’ use of psychoactive substances, “damage reduction” seeks to conceptually break with the notion that tries to associate drug use with the desire to die, and to question the Apollonian idea that using drugs means not taking care of oneself²⁷. In its recent history, damage reduction was even criminalized. By distancing itself from the hegemonic line that prohibits drug use, the clinical-political proposal of damage reduction believes in a type of care that instigates freedom and co-accountability²⁸. Instead of ‘prohibiting Odysseus from hearing the sirens’, it intends to make people think and invent together other strategies of care and mutual learning.

Reflecting on damage reduction in the tragic micro-promotion of health means being together with the Odysseuses in the clash between creation and control; an ethical and aesthetic challenge that returns eternally. The ethical challenge of asserting the individual and collective possibility of affirming life beyond good and evil is placed in the tragic micro-promotion of health.

A micro-promotion of health with intimate capacity to resist the macropolitical forces in order to produce new worlds. Its weapons are, among others, a sensitive availability to review values, the production of difference, enunciations with creative power, the instituting dimension, singularization, art, joy. In the tragic micro-promotion of health, everything that daily action can do produces defects, noises, and cracks in the institutionalized dimension, which always seeks to annul difference.

In the tragic micro-promotion of health, the experimentation with new societal projects takes place through groping, invasions, estrangements, advances, retreats, attempts, betrayals, trials and audacities; a type of “*capoeira*”²⁹. In the face of the extravagant semantic field of quality of life, wouldn’t it be more intelligent and sensitive to inhabit micro-promotion of health with the *ethos* and *pathos* of damage reduction and happily admit that, to each quality of life corresponds – virtually and tragically – a quality of death?

Conflict of interest

The author have no conflict of interest to declare.

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Resumo

Este escrito se vale de modos de pensar presentes na filosofia de Friedrich Wilhelm Nietzsche (1844-1900) para explorar alguns sentidos trágicos que compõem formulações denominadas de “promoção da saúde”, entre eles, a extravagante noção de qualidade de vida. Por meio de casos do trabalho em saúde, oferta falsos fragmentos de reais encontros de cuidado para anunciar uma trágica micropromoção da saúde como conceito-ferramenta para pensar a relação entre controle e risco, entre proteção e êxtase na produção da saúde. Por fim, a perspectiva da redução de danos é visualizada como possibilidade clínico-política para habitar e suportar criativamente o horror trágico da nossa condição humana em sua face sanitária.

Palavras-chave: Promoção da Saúde. Trágico. Nietzsche. Redução de danos. Micropolítica.

Resumen

Este escrito se vale de maneras de pensar presentes en la filosofía de Friedrich Wilhelm Nietzsche (1844-1900) para explorar algunos sentidos trágicos que componen formulas denominadas de promoción de la salud, entre ellos, la extravagante noción de calidad de vida. Por medio de relatos del trabajo en salud, ofrece falsos fragmentos de encuentros de cuidado reales para anunciar una trágica micropromoción de la salud como concepto-herramienta para pensar la relación entre control y riesgo, entre protección y éxtasis en la producción de la salud. Finalmente, la perspectiva de la reducción de daños es visualizada como posibilidad clínico-política para habitar y soportar creativamente el horror trágico de nuestra condición humana en su aspecto sanitario.

Palabras claves: Promoción de la salud. Trágico. Nietzsche. Reducción de daños. Micropolítica.