

Reply: Dialogue at the interface of the fields of Public Health and Physical Education

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On a fact-finding mission at a Psychiatric Hospital in Luanda, Angola, I was astonished to see that the hospitalized patients were accompanied by relatives (parents, mothers, spouses, children) who set up tents in a large courtyard inside the asylum Institution and remained there during the period of hospitalization of one of their own. They sought specialized care, provided by doctors and nurses, but they did not renounce the traditional one, demanded from a complicated relationship of exchanges that immerse in the familiar relationships. It should be added that families, faced with the chronic shortage of public care institutions, provide the necessary support to the hospitalized: food, washed clothes, and sometimes medicines.

This fact becomes more explicit when compared to my personal experience: my daughter is born in Paris on a European autumn night. I accompany my wife to the maternity ward, and the medical staff dismisses me shortly after delivery. I see my wife and daughter again only on the next day, in the evening, on visiting hours. This left me a little dismayed at the time since birth and delivery is a family event in Brazil: even if we do not have more home deliveries, families move to the maternity ward, await the arrival of the new member, and they fraternize. Moreover, it is common for someone to stay in the hospital accompanying the woman in labor. In public hospitals, where places reserved for escorts are penurious (usually a more comfortable chair), or in our middle-class hospital-hotels, families are always accompanied. Someone without an escort is seen with pity, indicating the lack of the care in the family support.

At this point, I wholeheartedly agree with Silvia Portugal: that the paradigm of care is strategic to understand the various forms of health care. However, I would also like to add that the full understanding of the idea of care is only possible from reticular sociology. The biosocial medicine models are not enough to understand the complex social articulation involving diverse actors enrolled in specific fields of sociability (the state, the market, the family networks, the fields of sociability inscribed in strong bonds, but not necessarily from the family network...). Finally, according to Silvia Portugal, placing subjects (the one in need of care) at center-stage, and the unfolding of the reticular inscriptions of their biography – including those

of which they do not participate directly, but as the product of a historical moment where they live, the society of the Welfare State, for example.

An interesting fact that deserves to be explained: why the differences? What complex fields of sociability produce societies, as in northern Europe, where the field of care travels almost exclusively to the institutional space; or, conversely, are societies where, even with relatively well-developed market and state spaces, the space of family and the primary sociabilities – as is the case in the countries of southern Europe, and also, I would say, with some particularities, those of Latin America – essential? A society where the state and market imprint is dominant, and others where the non-state or merchant circulation fields are strategic. There is essential literature that inscribes these sociabilities in the phenomenon of gift, initially worked by Mauss¹ for less complex societies, but now also accepted to explain phenomena of contemporary societies.

There is a distant but fundamental fact to point out: the spirit of people, the characteristics of their temperament, and the ways it relates, although they are categories perhaps very close to the idea of a *zeitgeist*, an old concept that is more frequently used among idealist philosophers of the eighteenth and nineteenth centuries. As Simmel² points out, people of northern Europe, especially the inhabitants of the great metropolises, evidence withdrawn and reserved relationships, which results in superficial, one-off, precise contacts in their aims, typical characteristics of the practices of secondary sociability, and quite functional to the practices anchored in instrumental rationality, as well demonstrated by Habermas⁴ later. The same phenomenon, here classified as a moral reserve – a field of control of emotions, care with social distance in public environments seen differently – as described by Elias³.

The practices of sociability we have described are part of a broader field, where the different layers of the population lie in very different positions. Thus, in complex societies, it is common to find critical sociocultural differences, involving

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what Rawls⁵ called overlapping consensus, coexistence formulas often involving complex conflict negotiations⁶. It is also important to point out historically constructed structural patterns that virtually “sediment” critical social differences and inequalities. This is the case of countries that have experienced slavery – Brazil and the United States, for example – where huge asymmetries between peoples of African descent and those of Europe are recorded. Thus, differences are important variables for reflecting on governance and the formulation of public policies.

Civil society-oriented sociability spaces for solidarity practices anchored in secure, family and territorial networks are essential for the organization of daily life of Latin American people, especially the urban poor. Poverty, Alain Touraine⁷ once said, is a category that allows us to understand important parts of the urban populations of the great metropolises of Latin America. Inscribed in this idea is that these populations are organized in a particular way, extending the primary social bonds beyond the spaces of the nuclear family, building an extensive network of neighbors, friends, and relatives all around. This crucial reticular tissue is a strategic barrier to cope with life adversities: search for a job, safety, and healthcare. The work of Larissa Lomnitz⁸ is fundamental to understand how the poor organize themselves, and how they build protective networks.

Thus, classic categories for the construction of identities, such as social classes and ethnic clusters, become superfluous to understand the relatively homogeneous urban poor and construct their biographies against the background of the adversities of urban life: substandard housing and habitat, job insecurity, precarious rights. What unites them is destiny, the fatality in facing the hardships of survival.

We will make a *détour* now to another field of concern among social scientists, apparently distant from the theme we have been dealing with so far, however, as we will see, cross-cutting the fields of social networks, health, and care. The guiding line of these considerations derives from the text of Deslandes⁹, on the place of the internet of production of sociabilities. A first question to be raised is concerning the real dimension of the phenomenon. Set as an essential technological revolution, potentiating communication capacities and thus building new forms of sociability, Internet-mediated social media have two crucial fields of reflection, highlighted in the text of Deslandes: (a) a vital instrument in the promotion of participatory management practices and practices

building a new public sphere; (b) an increasingly used instrument to access health resources (information, support and mobilization).

Concerning the first matter, we should highlight an important point, which has already been addressed by Ferreira and me on another occasion: “we have to be cautious about the reforming power of a virtual agora: democracy is not a mere technical achievement, but a political call – and that is why those seeking to relegate it in a dystopia, a technical or economic utopia, or even in a ready response frighten us¹⁰.” We have here something entirely new and with revolutionary power not yet completely measured. Scholars in networks have warned that, contrary to what Erdős thought – reflecting on Euler’s graph theory – there is no horizontality in reticular webs, and the imperative “*the rich get richer*” reflects that this maze of connections harbor hubs and central actors who control and organize the flow of information¹¹. What this means is that participatory democracy, from Internet-mediated networks, can mean a simulacrum, a media field that does not effectively result in the promises it makes, just as critics have warned about the traditional processes of participation in management.

The second point also pointed out by Deslandes is that of internet-engendered sociabilities, which results in resources mobilized for care. This theme has already been dealt with by me in another text, where, from the idea of “virtual circles of madness”, I try to investigate the processes of resource mobilization to care for people with mental disorders, resources that can be of support, information, and services. These networks are not territorially anchored but have characteristics similar to those resulting from face-to-face interactions. The so-called social circles (irrespective of whether they originate from face-to-face or Internet-mediated interactions) are “flows of sociability while shaping individuals, unique in their choices and experiences, inscribing them into a field of recognition. These sociabilities have a direct “practical” content; they are a locus of reproduction, where resources are mobilized and distributed¹².”

Here, as in the considerations of Silvia Portugal, the central theme is social networks, sociabilities as producers of care or vehicle for the construction of participatory management practices. Phenomena inscribed in micro or macro spaces, but well understood when we use the methodology of analysis of social networks; and it is worth highlighting this point that, regardless of whether we are addressing face-to-face or Internet-medi-

ated interactions, the reticular phenomenon has the same structural configurations – keeping the specificities of each of the fields of analysis – of this theoretical and methodological tool.

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