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REVIEW ARTICLE

MEANING OF HEALTH AND ITS IMPLICATIONS FOR THE PRACTICE OF PHYSICAL EDUCATION IN THE ELDERLY

O SENTIDO DE SAÚDE E AS IMPLICAÇÕES PARA A PRÁTICA DE EDUCAÇÃO FÍSICA EM IDOSOS

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ABSTRACT

This paper presents a discussion about the subjectivity involved in the triad of health, disease and old age, when aiming to a practice in Physical Education consistent with the ideals of Health Promotion. It draws on Freirian pedagogy and its use as a theoretical support for the practice when the objective is Health Promotion. The empowerment of the individual is the key point, and issues such as autonomy and empowerment are identified as necessary for health. Practices based on Paulo Freire´s pedagogy should consider one´s life history and, especially when it is intended to deal with aging; it would be relevant to know the subjectivity involved in health and disease, considering the relationship that has been established between age and disease. Therefore the need to resort to Gonzalez Rey's current discussions about subjective meaning and subjectivity.

Keywords: Physical education. Aging. Health.

INTRODUCTION

The current moment is one of ambiguity: at the same time efforts are being made to prolong human life, society, the State and families do not know what to do with the elderly, which are considered a social problem. In Brazil, as well as worldwide, the senior population is in constant growth (CAMARANO, 2002), and there has been an increase in the offer of services and programs for the improvement of their health.

Physical activity fits into this range of services and nowadays it is one of the most valued practices. In recent statements on Physical Education, the role of the practice of physical activity for health maintenance in old age is constantly emphasized. On the other hand, it is necessary to look at that relationship between health, disease and age, because a reductionist social representation of health is observed, especially in scientific studies that associate this practice to the decrease of diseases and increased life expectancy (ARAÚJO; ARAÚJO, 2000; CARVALHO et al., 1996; MATSUDO; MATSUDO, 1992; MATSUDO et al., 2002; STELLA et al., 2002).

The construction of meaning is due to social representations based on influential opinions, such as scientific research, which are used as reference for practices with seniors. We then have a deficient scenario, in which health is associated with the absence of diseases, and the practice of exercises is seen as the medicine for a cure, capable of preventing and minimizing the effects of the aging (MATSUO, 2007).

This scenario has been present in most programs aimed at the senior population, as observed in websites of gymnasiums (PAES, 2008). In those programs health is the objective, trying to counteract the effects of aging in a context in which age and disease are synonyms and health is understood in a simplistic and mistaken way, as a result of the practice of physical exercises. That view, based on the biomedical paradigm, does not follow the current discussions about health promotion (BAGRICHEVSKY; PALM, 2005).

Specifically in the case of seniors, it is important to look at the concept of health they possess, as aging and disease are related in such a way that, at times, one becomes a synonym of the other, especially when only the signs of body wear are focused (LOPES, 2000; UCHÔA et al., 2002).

Aging is emphasized as a disease, but what seniors think about it is not known. In fact, how do we know, if the capacity of those people to think for themselves is removed? Specifically when it comes to health in that population, how can we know what they really think? Moscovici (1978) called *social representations* the understanding of that knowledge, which is associated with the group of behaviors and faiths, comprising the conventional wisdom of a society.

According to Gonzalez Rey (2002), when we work in the realm of Education - in that case, physical education for seniors - it is important to know the individual with whom we work, considering him an individual with a life history and with representations and meanings that influence his actions and behaviors. For Freire (1996), it is based on the students' reality that we look for the construction of certain types of knowledge. In this sense, especially in health promotion programs, it becomes essential to understand the meaning of health for its participants, considering such knowledge should be inferred so that, associated to the practice, it might bring meaning to the student and, thus, the understanding of a certain reality.

When we think of a learning-related project, we have to highlight is impact on the involved individuals. During a practice of physical activities, teachers and students relate socially, interacting as individuals and mutually building the subjectivity. For Gonzalez Rey (2005), the subjective character in people’s conception of meaning is of extreme importance, because when certain knowledge is built it expresses the individual's history as well as the socially built representations and faiths.

The work presented herein is inserted in the abovementioned context. Its objective is to discuss the importance of knowing the meaning of health in seniors when it is proposed, in the Physical Education field, in educational initiatives attuned with the current vision of promotion of health.

PHYSICAL EDUCATION "PROMOTING" HEALTH IN THE AGING PROCESS

In the media, with regard to the Physical Education field, the social representation of its role has been connected to health improvement, yet, to a health view that limits the absence of diseases. That can be preoccupying, considering that the construction of meaning is due to the formation of social ideas, especially through social representations based on influential opinions. We cannot deny the benefits of physical activity for health as published by the media, nor the growing number of scientific studies that link this practice to a reduction of diseases and improved life expectancy, but it is necessary to understand that is not the only role of Physical education.

Critical comments have been made on the reductionism of the field, both it appeared as well as nowadays. These critics refer mainly to a wider look at the term *health*, which includes, besides disease prevention, a concern with more social and subjective factors. In agreement with the World Health Organization (1994), there are some fundamental requirements for health, involving factors such as social justice, fairness, education, sanitation, peace, housing, fair wages, stability of the ecosystem and sustainability of natural resources. Historically, according to Rosen (1994), it was after hygienist Henry Sigerist's influence that health started to have a multifactorial character, going beyond the biomedical paradigm.

In the late 1940s, the World Health Organization published a definition of health with emphasis on individual and community well-being. It was a starting point for understanding health in a wider way, and not as dependent of the concept of disease.

Nevertheless, the concept of health as "the complete physical, mental and social well-being and not the mere absence of disease" was the object of critics, and the term health was replaced by another of difficult conceptualization: well-being (CAPONI, 2003). That conceptualization was also considered, as pointed out by Lopes (2000), distant from reality, because a person hardly will be, even if temporarily, in complete well-being, but that does not mean she will necessarily stop being healthy. Thus, well-being cannot be considered a state, but rather a process, or a means to accomplish individual or collective objectives (MATSUO, 2007). The recurring criticisms reinforced the tendency for health to be considered a multi-factorial entity, resulting from individual and collective actions for the resolution of problems of a biological, psychological and social order (FARINATTI, 2006).

In spite of the criticism regarding the conceptualization of the World Health Organization, the disagreement between the reductionist and Cartesian view of health and disease, and a more holistic approach of the human condition was certain. It was evident that health and disease depended on the most general conditions of life, particularly when the mortality rates in developing countries increased basically due to the poverty level caused by economic and political conditions (FARINATTI, 2006). This fact demonstrated that the sociocultural, political-economic and ecological aspects are as important for health biological ones, and they should be thought in terms of their interaction.

That restructuring of the term *health* was deeply influenced by the Health Promotion movement and its practices; though, according to Bagrichevsky and Estevão (2004), despite the amplification of the concept, there are still programs and actions that have not yet acknowledged it, having difficulties in the “operationalization" of the projects, considering its theoretical contents are clearly more intelligible than its practices, at times resulting in inconsistencies and contradictions in health promoting projects.

With regard to Physical Education, understood as a health practice, it is no different. The practice of physical exercises has been frequently indicated as one of the main factors for good health for populations, and a growing number of projects based on the Health Promotion perspective are created in the large urban centers, however the relationship that is established is of disease prevention.

According to Devide (1996), the organic benefits are undeniable, but it is reductionist to think that physical activity only has that influence, taking into consideration the conception of health as multi-factorial, including psychological subjects and, especially, social ones. Professionals should not work aiming to invigorate only a certain part of the body, but the individual as a whole. Some authors, like Gaya (1989), believe that this happens because Physical Education, as a field of performance, was influenced over the years by several institutions and it seems not to have its own identity as it joined other systems, such as the medical and military discourses, without defining its own social role.

In the programs in which a relationship between physical activity and health is established, it frequently happens through physical aptitude (FARINATTI, 2000; NAHAS et al., 1992). In a study by Alves et al. (2004) it could be noticed that the improvement of senior health is related to the development of physical aptitude. Professional performance emphasizes the biological components of the body and its improvement, through a practice which is merely mechanic.

If we consider Physical Education as an eminently pedagogic field, the practices can be structured differently, emphasizing the human capacity to ponder on oneself and the world, which favors autonomy, an element prioritized in the new concepts of Health Promotion.

Besides, it is important to point out that not all physical activity is physical education, as, when understood as "part of the human culture", it goes beyond the mere repetition of movements and contributes to the formation of a critical and autonomous pupil/client. Thus, physical activity comes to be seen as a way to physical education, within or outside the school scenario (FERRAZ et al., 2004; GEREZ et al., 2007).

Autonomy is understood herein as the capacity of self-government and to consciously decide about one's own actions, starting from a reflection on oneself and on the world. Autonomy is frequently associated with physical independence, and if we believe in this association, we cannot affirm that a handicapped or senior individual with limitations can be autonomous, because he is handicapped. The autonomous individual is capable of, based in conscious choices, make decisions associated with his social values and individual needs, taking into consideration the responsibility to environment in which he he lives, with or without physical independence (FARINATTI, 2000; CZERESNIA, 2003; FREIRE, 2003).

To favor the autonomy, in the Health Promotion concept, the empowerment of individuals and communities is necessary through educational actions (CZERESNIA, 2003). Thus, the coherent educational perspective of educating for autonomy finds support in Paulo Freire, because, to him, to learn critically is to form autonomy.

Freyre's Pedagogy, also known as the Liberating Pedagogy, propitiates the active participation of the student during the process of knowledge construction. That perspective develops education as a practice of freedom, which, according to Freire (2003), is a premise for autonomy.

To Freire (1996, 2003), through education it is possible to transform the society we live in. For that, the teacher should favor the student's autonomy, through actions that value reflection and critical thinking, taking them to reflect upon themselves, the society in which they live and, thus, to be empowered to generate change.

Nevertheless, it is important to point out that is it not any education that raises those qualities in the student. According to Freire (1996), traditional education, in which knowledge is transferred from "the one who knows everything" to "the one who knows nothing", does not favor critical thinking, because the student receives the information without participating in the construction of that new knowledge. In Paulo Freire's proposal, the educator should propitiate dialogue in the classroom, and knowledge is built mutually, based on the reflection and experiences of the students. In that sense the teacher's important task arises: to favor the critical conscience and, thus, his student's autonomy.

In face of such considerations, autonomy pedagogy in Physical Education should commit itself to an educational action that not only transmits knowledge about the biological components of the body, or the pure repetition of movements, but makes possible the discussion on freedom of being that is inserted in the world in its totality. Education should be the primordial objective of physical education and, to that end, it is necessary to favor the apprentice's reflection, as the mere execution of exercises removes from him/her the human capacity to contemplate, according to Silva Junior et al. (2006).

As such, the earnings in physical aptitude could not be considered the main objectives of a physical education program based on the ideals of Health Promotion, because the practice is not an end in itself, but a way for people to know and learn their limitations and potentialities, facilitating their engagement in such practices and also helping with the development process in other dimensions of their lives (GEREZ et al., 2007; VELARDI, 2003).

To Gerez et al. (2007), the Physical Education professional frequently does not facilitate his students' autonomy, because he forces them to do physical activity by believing it to be fundamental. When one works in the sense of favoring autonomy, it is necessary that

people discover the importance of physical activity and decide to practice it, because the role of the health professional and, particularly, of the health educator, is to show that health is a human value, a life value, a collective value, and that the individual's concern with his health is fundamental.

Physical education as a health education strategy, especially in the case of seniors, can be structured starting from practices in which the elderly learn about health and discover themselves, discuss the activities and their implications, and understand what they do in a critical way. In that way, they can opt for what they believe is necessary for their health, demonstrating a critical posture (VELARDI, 2003).

With regard to seniors, it is important to highlight that the human potential for development does not end with age and that it is essential for the educator to believe in the senior's inclusion, as Freire shows (1996), for, only then his practices are not assistive, nor will they be accomplished only with the purpose of reducing the losses of that life phase. As Cachione and Neri (2004, p. 13) emphasize, education is a continuous process lived by human beings throughout a lifetime ".

Jacob Filho (2007) mentions in his text the importance of staying continually informed, even in old age, considering “aging is in style", and with that a vast range of services have been offered to this specific population. According to the author, not only information is important, but also the decision making according to their experiences and future expectations based on the knowledge they possess about themselves and about the world as well. With that in mind, they will be acting with autonomy.

Santos and Portella (2005) believe that if the autonomy of seniors were not favored, they end up as a "manipulated mass", continuously dependent of what society and the family find important for them. In agreement with those authors, the health practices and geriatric education should worry about maintenance or development of autonomy for seniors, in order to de-construct the view in old age it is enough to soften the losses and "to have patience before the imminence of finitude" (SAINTS; PORTELLA, 2005, p. 38).

Autonomy is necessary so one can have quality of life in spite of the limitations of age. Physical Education, in that way, can aid in the promotion of the senior health, giving them the opportunity to acquire new knowledge on their health, abilities and limitations, in addition to recognizing aging as a natural process. With that, Physical Education can modify seniors' attitude with regard to age, and encourage autonomy, which is essential for successful aging, according to Neri (2004).

SUBJECTIVITY IN THE EDUCATIONAL PROCESS: THE MEANING OF HEALTH FOR SENIORS

To Gonzàlez Rey (2005), subjectivity favors the understanding of the individual and society as inseparable entities that change mutually. To understand the psychological phenomenon as having a subjective character means associating it to social and historical characters, as well as understand its complex nature.

The author describes subjectivity as:

> *[...] a complex system of significances and subjective meanings produced in human cultural life, ontologically defined as different from the social, biological, ecological elements and of any other type, related to each other in the complex process of its development (GONZÀLEZ REY, 2002, p. 36-37).*

It is worth pointing out that, although this emphasis on the individual brings the idea of subjectivity related to an individual phenomenon, Gonzàlez Rey (2002, 2003, 2005) makes it clear that subjectivity is a complex system, produced individually and socially in a simultaneous way. The author divides it into two categories: individual subjectivity and social subjectivity.

Individual subjectivity is built not as the internalization of the social, but as a subjective individual constitution, starting from the history of the person, who, living in society, influences it and is influenced by it.

Subjectivity is produced in historically constituted social spaces; therefore, in the genesis of all individual subjectivity there are spaces constituted by a certain social subjectivity that precede the organization of a concrete psychological individual, which appears in its ontogeny as a moment of a social scenario constituted in the course of his own history (GONZÀLEZ REY, 2003, p. 205).

It is important to emphasize that, according to that author, social subjectivity is not the sum of individual subjectivities. According to Gonzàlez Rey (2005, p. 24),

> *[...] social subjectivity comes in the social representations, in myths, in faiths, in morals, in sexuality, in different spaces we live etc. and, is crossed by the discourses and productions of meaning that configure its subjective organization*.

Considering social subjectivity and the individual as parts of a same system, the author pointed out that the productions of meaning are formed by the contradictions between those two organization levels, which participate, simultaneously, in the development of the subjects and society. This way, social subjectivity and the individual are not separated, and are related, but at “different moments of a same system" (GONZÀLEZ REY, 2004, p. 145). The individual produces subjective meanings during his life history, being organized and being reorganized in subjective configurations. Subjective meaning is defined by the author as an organized activity belonging to the individual’s own subjectivity, whose symbolic processes in general, as well as the emotions and meanings, y are integrated, although each element does not determine the other, even if it can be evoked by the other one.

Gerez et al. (2007) affirmed that in a teaching-learning process, as in Physical Education, it is necessary to consider the reality in which one is inserted, for the knowledge to be made subjective. A new knowledge needs to be associated with the previous subjective configurations in order to produce new subjective meanings. In order for an external element to become meaning and sense for the individual, it is necessary that it be integrated into subjective configurations, which are constituted by his life history. Freire (1996), in his book *Pedagogy of Autonomy*, portrayed the importance of respecting the student’s knowledge, and he wrote that in addition to respecting socially built knowledge, it is important to use it so that, combined with the teaching of the contents, they might make sense to the student.

With regard to seniors, given their long life history and because they are going through the experience of aging, with its marks and prejudices, the education to be offered should help them reflect on who they are and about the reality in which they are inserted, so that learning can be made subjective and, thus, apprehended (in the sense of having assimilated).

It is believed that the subjective processes begin with life, and not abruptly with aging. Such subjective processes are unique to each individual and, that way, each individual lives the changes of aging in a unique way. In this sense, the way each person subjectively constitutes his body changes does not begin with aging, but throughout his life.

To complement the idea emphasized by Gerez et al. (2007) the ideas of Fernandes (2003) can be used on the fact that built knowledge is essential for education to relativize the context of the worked content. That author further stated that the educational context is not limited to the school and, in this sense; fits to extend the view to health education practices, as in the case of Physical Education for seniors.

With regard to health education, to Gazzinelli et al. (2005) educational work should emphasize common knowledge, considering the individual as a whole and valuing his principles and values to generate an attitude change in relation to his health. Health Education, to these authors, should start with the shared construction of knowledge, evidencing the individuals' subjectivity, which is shared by Freire and Shor (1986) when they affirm that, for the education designed for the individuals' autonomy, it is indispensable to understand the thoughts, the ideas and the opinions built shared by the populations.

When it comes to health practices, it is fundamentally relevant to recognize the meaning attributed to health, as this is the scientific knowledge in focus when one works in Health Promotion through Freyre's pedagogy. Specifically in aging, Lopes (2000) emphasized the importance of knowledge concerning Health, taking into consideration the relationship that is established between diseases and aging. Another author that approaches this subject is Santos (2001), who affirms in his thesis that health, for seniors, has a meaning of construction of life, because at times aging and diseases are perceived as synonyms.

In aging the process of losses and declines are evident, and in our society the subjective nature of that life phase is equivalent to disease. To establish that association of aging with disease and to believe that development is not possible in this phase is a prejudiced view of aging; however, it is exactly what is deep-rooted in the social subjectivity. It is important to point out that such view do not only happen in daily chats, but especially in the research and in practices.

A study by Uchôa et al. (2002) in Minas Gerais showed exactly that this negative view of aging is what is in the literature. The authors in that study concluded that the external negative view is affirmed by the productive ideal of capitalism, generating a sense of unproductivity by seniors, and, according to Santos (2001, p. 43),

> *[...] there is where the central axis of the negative connotations of Being Old in our society is. In fact, it is that ´unproductivity´ and what it represents, expanded to social and psychic terms, as impotent, not creative, degenerating, that gives inexorable, definitive meaning to aging in our culture.*

The author added that the negative feelings towards aging are similar to the depreciation of the condition of being sick in the sense of being unable to work, which, economically and socially, generates prejudices. It is then noticed, masking those possible prejudices, a magnification in the terms used to designate age, such as: mature adult, senior, best age and, the most common, third age. Neri (2001) pointed out that it is important to know the reasons for using such terms, because the problem is not in the word itself, but, in the euphemism, disguising the stigma that aging carries.

In a study by Matsuo (2007), it was possible to observe the subjectification involved in the concepts of health and disease in aging. The objective of the research was to recognize the meaning of health in seniors, and stated that the concept is associated to the subjectifications acquired through the aging experience. The old ladies subjectified the idea of health as an absence of disease, because for them disease was seen as something impairing and, in that case, the sensation of being considered unable and, as such, being socially excluded, appears as a subjective configuration strongly linked to the meaning of health. In a utilitarian and

capitalist society such as ours, the loss of productive capacity is seen as a social problem, hence the association of the disease with incapacity.

In this research it was also possible to notice that the senior interviewees, as they were still socially active and feared social exclusion, were not considered old, because this was linked, according to them, to the idea of disease, therefore, of incapacity. They believe they do not fit in the social representation of "old" associated with something negative and disposable, and they called themselves young, for they have happiness and the will to live.

According to Debert (1998), the phases of life, among them, aging, are created socially, and in the representation of our society there are attitudes and normal behaviors for each age category. Corroborating these ideas, Neri (2001) complemented that age influences the expectation of performance regarding people's occupation and the attitude towards seniors. For instance, with regard to work, the most common attitude is the one of considering them incapable. As the author said, there are appropriate roles and behaviors for each age, and during the aging process it is expected that seniors stop working, therefore it is time for retirement. Many seniors do not consider themselves old precisely because they do not show the so-called "normal" characteristics of that age group. The depreciation of seniors, besides being based in the previously mentioned stereotypes, also strengthens the idea that in aging there is no possibility of further development. These labels are reinforced by 19th century Developmental Psychology, which declares there is growth in childhood, stabilization in the adult phase, and decline in the aging period (NERI, 1995).

For Minayo (2006), the term health reflects knowledge, experience and values and of individuals and collectivities, and regarded by the author as a social construct. If seniors believe that age is synonymous with disease, they will look for health practices to revert the effects of aging, a phenomenon that is already happening. Then, seniors deny aging, escaping from the deep-rooted prejudice rooted in social imagination. The practices that work in the realm of Health Promotion need to know the meaning attributed by seniors, regarding both their health and the aging process.

Based on this discussion, we understand the importance of recognizing the meaning of health, disease and aging of the individuals with whom we will interact. Knowing that, it is possible to propose interventions helping to establish new configurations and removing the idea of negativity in aging. Once they are not considered old, seniors do not believe in their losses, they do not see the need for self-care for their own health. Associating Health Promotion practices with the meaning of health attributed by seniors can favor self-care and, with that, autonomy and empowerment.

FINAL CONSIDERATIONS

When Physical Education professionals believe that during the aging process there is potential for development and that it is necessary to stimulate it in order to have a good quality of life in spite of limitations, they need to demystify, especially with seniors, the premise that aging means disease and that it is not possible to have development during this phase. This becomes crucial if the focus is to understand the field as eminently educational, whose objective is to develop the knowledge, values and individual critical positioning.

This way, a coherent educational perspective with the idea of Health Promotion, in order to favor the student's autonomy, should be concerned with the subjectivity involved in the learning process. In aging, which the social construction associates with disease, the meaning of health should be understood so that the construction of knowledge is indeed effective. With its association with subjective configuration, knowledge becomes significant in health practices, aiding seniors in the learning process about health, in self-knowledge, in

understanding activities and their implications, and in the critical understanding about what they do, in the meaning of they are capable of choosing what they believe is necessary for their health.

Subjectivity is present in human beings and Physical Education needs to understand that. Specifically in the aging process, health practices need to go beyond a merely curative and biological character. Physical Education is capable and must help in the Promotion of senior Health, facilitating the learning of new knowledge regarding their health, their abilities and limitations, recognizing aging as a natural process, changing their attitudes to aging and, thus, favoring self-care and autonomy of these individuals.

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