

Minor and major health: a Nietzschean reading

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Abstract *This paper aims to discuss the concept of health, understood as multiple and plural. We use Friedrich Nietzsche's philosophical thought as an analytical tool, allowing us to reach a typology involving minor and major health. While the first is normative and sustained by an ideal of healing, the second is an expanding strength, a condition constantly achieved. If minor health follows a pre-set life moralization script, major health relates to the expanded living being, which affirms its creative nature and transcends established rules. The notion of major health embraces the overcoming of imperative models rooted in biomedicine-based practices and approaches to health collective actions. Nevertheless, on the one hand, if this movement extends the co-participatory nature between staff and users of the health system, on the other hand, it lacks more radical actions to break with the moral nature of health-disease processes. Not refusing life's own vicissitudes, major health understands the need to incorporate pain and suffering involved in individuation movements.*

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Colors of health. Refinements

Oh, mind you – he knows not only to adorn it, but also to make it up! Yes, he knows the color of health, he knows how to make it stand out – he is more refined in his self-knowledge than I thought¹.

In this essay, we address health from the texts of German philosopher Friedrich Nietzsche and, therefore, we adopt his perspectivism as a reading strategy. One of the first results of such an approach is the practice of thinking outside a single record toward multiplicities, which seems powerful in radically reconfiguring ways of thinking and acting in health.

These are movements that draw near and assign new meanings to elements that seem dichotomized, for example, care x healthcare, integrality x polarity and prevention x cure. In the proposed overcoming of these circulating conceptual movements, we see with Ceccim and Ferla², “a health stuck in the way people lead their lives”, which seems to open up color palettes with ways of perceiving and acting in health.

We seize this opportunity to make considerations that seem powerful for conceptual problematizations and to invent it with its multiple colors: we address the possibility of perceiving health in its provocation of values, judgments and pre (conceptions) and possibly transvalued. However, we do not seek, with this text, to provide another model of health. In fact, we must be careful with the Nietzschean terms mentioned here, for, as Nietzsche³ himself says, every name carries some trial and some temptation.

Thus, this study intends to get close to Nietzschean notions that allow us to produce critical and analytical effects in the health area. With them, it wishes to experience the reflection that health is multiple and permeates human experience. When we take health as one of the experiential elements intertwined in the individuation process, this statement inspires us: “many style alternatives reside in me – the most multifaceted style art that a man has ever had” (p.132). Of various species, with different aspects and modes, health-disease is a multifarious movement part of a unique art.

This study is bibliographic and was composed from the examination of the health concepts pointed out by Friedrich Nietzsche in his work. However, it is important to know that Nietzschean ideas are based less on arguments or reasons, as seen in classical philosophy, and more intensely on experiences, as best expressed in *Ecce homo*⁴ and *Thus spoke Zarathustra*⁵. Life,

hence, becomes the only criterion capable of evaluating all others, including philosophy itself and is eminently linked to singularities and unprecedented tracing of subjects in their groupings. Thus, we will make use of what Andrade⁶ calls transgressive experience, the emergence of a singular capable of putting in check certain relation of forces or more crystallized lifestyles. The transgressor, however, is not external to these enclosed forces or ways of subjectification – he is so by emerging precisely from what is supposed to constrain and/or weaken him. Hence, and in order to intensify the color palette of this paper, we will bring Bispo do Rosário, not with the intention of achieving what he meant about his life-health-disease experience, but rather aiming at highlighting experienced elements that allow us to open the subject debate in this study.

Transvaluation of values

Extremely intense excruciating pains and sparking the desire of nothing, surrender expressed in contracting muscles, such is the tension and the adrenergic discharge; the body is simultaneously flaccid enough to cause its fall to the floor. Russian soldiers let themselves fall in the snow, surrendering to death, like brave warriors who cling to life strictly as it unfolds⁴. Hibernation seems a more attractive option in the face of pain that is experienced: reduced movements and limited organic functioning, to the minimum required to ensure vital functions. Vulnerability coexisting with bravery and pain holding on to the exuberance of life. From this perspective, the denomination of weakness and disease directed to the pain sufferer would be – to put it mildly – simplistic. With reference to a posthumous Nietzschean fragment of 1881, Pierre Klossowski⁷ ponders:

Nietzsche rids himself of the morbid and the sane criterion; however, insofar as he himself knows that he is sick and weak, he revalues these states of existence and thereby modifies it, and thus enriches it, bringing nuances to it.

Disease and weakness are linked to health and body strength: certainty of knowledge about procedures also throws the health professional into the delirious abyss of multiple possibilities of results, consequences and sensations. As in care procedures, there are a myriad of diagnostic possibilities that circumvent the experience of illness even before the supposed diseased bodies present themselves to the objectification of a professional look. Disease subscribed to a powerful regime of

established truth, “represented by the voice of the medical-hegemonic knowledge-power-desire”⁸, makes health the maximum value to be achieved at the price of its extirpation.

However, to proceed with the transvaluation of values, it is not necessary to label pain as a state of complete well-being, nor even weakness as a force, for inversions do not operate a change of thought regarding the contradicting forces in the same body. It is a matter of transvaluing the values of one state and another, maintaining them, due to the impossibility of choosing a single combination of forces in the body.

Defining what will be called good is the task of nobles. However, contrary to what may seem, nobles should not be considered as a social title or virtue. Nietzsche⁹ says that nobility and vile-ness should be considered as valuation methods – while slave morality is reactive, emerging from a “No to someone outside, another, a not-me”, noble morality erupts as a “Triumphant Yes to itself”. Nobles are valuation means that set their own values, taking themselves as a reference, a flow of active forces in the inauguration of their values.

On the other hand, the vile man, soaked with the morality of resentment, in the foreground, does not create what he wants to call good or evil, but identifies his enemy – that which opposes, oppresses and sinks him – calling him evil. Consequently, and in his reactive reasoning, he calls good everything that is presented to him as diametrically opposed to what he called evil. The dwindling character of this morality lies in its impossibility of bringing forth, offering elements and creating liberally.

In short, slave morality is the morality of resentment, by which one takes what is evil in the foreground as that which seems to exert a certain domination and enslaves. On the other hand, good is established not as a foundation of a new way of noting things, but as a practice of poisoning the moment of birth of value: a generation that takes place from the opposition. This slave morality seems to traverse masses, establishing herds. They are groups of individuals with unified morality. Values circulating there are linked to resentment, common to all and devoid of creative nobility.

If pain afflicts the other, the health professional has the – resentful – urge to value this experience as bad. Thus, this thought about health is permeated by a resentful valuation, whereupon a consensus that pain is bad and health is the opposite of it is established. In the posture reactive

to the experience of sickness, conditions are created for what we will call here minor health, an unaided health, because it is always performed a posteriori, reaction to not being healthy at first. Its underlying logic is that, because he/she is no longer sick, the subject achieves health at last. In minor health, a sick ghost is always lurking, ready to be updated again and re/felt. In its marshy terrain, a morality that points to what Giacoia¹⁰ calls “pain narcotization”, a cowardly take before the experience and which transgresses and overflows little ways of life. Thus, minor health is sustained by the triptych fear-fault-duty. Frightened in the face of life, of all the ghosts that besiege the body all the time, one blames himself for never fully conforming to what is supposedly required to maintain health.

Instead of “I want” (active posture before life), “You must” rules in the reign of minor health: “Thou shalt not do” is in your way, glittering in gold, a scaly animal, and in each scale glitters a golden “Thou shalt not do!”⁵. Tremulous and guilty, the subject’s only choice is to obey the voice that promises him to maintain or to conquer health never fully his. Hence, to care is always a cornered care, a state of alertness, a reactive attitude towards life as a “Yes” first, “the cup that wants to overflow, so that water flows golden of it”⁵.

It is worth reminding here Georges Canguilhem¹¹, who, by questioning health, inaugurates a way of conceiving it, in which both the normal and the pathological are, above all, a matter of assigning value. From this author’s perspective, health acquires noble contours, as it becomes effective in the unique creative movement and in a way of knowing established by its perspective character. In the course of thought that leads Nietzsche to transvaluation, he acknowledges how much we are concerned, anxious to attain the rigidity of good and bad, good and evil, for these – previously fixed – concepts offer the security of thinking by labels and given facts. The criteria about health and disease, which run through this field of knowledge, seem filled by desires of strict terms. This is because health professions would still be imbued with materializing in clinic and Collective Health itself, ideals of longevity, quality of life and well-being. They are legitimate and noble commitments that, however, are curtailed, bracketed and attached to diagnostic-prescription behaviors or collectivizations that stall the production of singularities¹².

Hence, health professionals run the risk of adopting a functioning based on a “dogmatic

error”, according to behaviors that reduce the perspective character and fill themselves with the “desire of truth”¹³. For the rootedness in the desire of truth leads to the establishment of a kind of knowledge about the body and life that sets binary oppositions about states of health and disease, taken as good and evil. Two performances are extracted from this valuation procedure: on the one hand, health and disease stand as two fixed and opposite states, stemming from the way of judging the organic functioning. It is the valuation of good and evil, in a generalizable process before life. On the other hand, a relativist philosophy is founded, by which values are established from contexts and relationships: what is bad for one, is good for another; the concept of sanity is woven by subjective impressions and historical perceptions. The desire of truth leaves in both performances, the impetus to make everything that exists subject to reflections and to name everything that impels us: an attempt to submit all things to our spirit and to smooth surfaces⁵.

The perception of disease as opposed to health and taken in an evaluative matrix that classifies it as good or evil is part of the morality of resentment, a movement of “equal among equals”¹⁴: typical of the predictable and enduring man, which makes promises – because he memorizes the past, resents it and thus commits to present and future. It is remarkable to note here that the morality of resentment favors good as the gregarious being and adherence to the herd. Moreover, slave morality establishes conformity to a single code of behavior and universalizes factors that do not distinguish particularities. This is a biased interpretation, which masks specific interests and restricts plasticity of the individual and collective desire of power.

The terms “strong and weak”, “noble and vile” and “healthy and sick” are instable, and are “the vaguest” of the Nietzschean vocabulary, affirms Alexander Nehamas¹⁵. In presenting itself as a fact, and referring to the triptych fear-guilt-duty, this moral ends up conveying the containment of impulses, aiming at establishing rules for lives that do not necessarily need them, as we noted in Bispo do Rosário’s resistance to accept treatments that were offered to him at the Juliano Moreira Colony:

*I won't have any of this food, it tastes like wild flour. You are putting drugs in my meals and it is ruining my sight ... I want to dry out and become a saint*¹⁶.

In drawing attention to singular demands and their unique functioning, Bispo multiplies

the meanings of health and, somehow, calls us to reflect on of failed models that want to universalize everything from symptoms to complex procedures, from approaches ranging from a rate change to a State policy.

Generalized health care processes, when aligned with valuations of good and evil, can reinforce the gregarious instinct, a typical virtue of the morality of resentment and that produces predictability and massification. This virtue is unable to cater for comprehensive care, with the size of its challenges – decentralized management, popular participation in the political decision-making and in the monitoring of the functioning of the system and comprehensive care, favoring preventive actions and ensuring health-care resolution¹⁷. This ideal care presupposes the consideration of powers of expansion, the multiple nuances of illness, healing and ways of life.

Being sick and deviating

They see being sick and distrustful as sin: people walk carefully⁵.

“They”, perhaps men of the flock, see being sick and suspicious with some approach to one another as sin. The understanding that sickness must not be desired and is an entity that needs to be expelled and repelled is a way of assigning it a value and defining it as evil.

Bagrichevsky et al.¹⁸ discuss the moralization of life from the behaviors associated with health risk factors. Taking sedentarism as an example, authors show its surrounding labels, such as indolence, laziness and lack of care. They criticize the “preventivist-anticipatory” notions¹⁸, which propose simplistic and authoritarian actions for healthcare, leaving little room for the complexity of life and ways of making it.

The deliberation of each one in relation to one’s own pleasure, to the will of one’s own body, to what is dear and known points to a knowledge and making of oneself, in the perception of one’s own limits, possibilities and powers: “each one ... has his own little pleasure of the day and his little pleasure of the night: but he respects his health”⁵.

The articulation of falling ill and deviation is a judgment that considers health with a moral sense. The coordinating conjunction “but” facilitates the understanding that pleasure risks being experienced in a way that disrespects health, or that pleasure and health could be understood as antagonistic elements in the moral sense. Being healthy – understood as good, if we see disease as

deviation – includes not having pleasure, which here ends up being deemed as evil.

The reinterpretation of suffering as a feeling of guilt, fear and punishment; scourge, sackcloth, haggard body and contrition are everywhere; as are the sinner's self-torment in the cruel wheel of a restless, morbidly lascivious conscience; a mute torment, extreme dread, an agonizing martyred heart, convulsions of an unknown happiness, a cry calling for "redemption" are everywhere⁹.

It is not strange, from the notion of guilt and debt in the midst of pain, that the healthy man, in the perspective of slave morality, is deemed good, and that the maintenance of one's own health is elevated to a status of achievement, worthy of approval and admiration. As mentioned above, guilt is an indispensable element to the morale of resentment. Oppression and crushing resulting from nonconformity with patterns are unavoidable.

I'm a sick man ... A bad man. A despicable man. I believe that I have liver issues. In fact, I don't understand anything about my disease and I don't know for sure what I am suffering from. I don't treat myself and never have, although I respect medicine and doctors. In addition, I am extremely superstitious; well, at least enough to respect medicine. [...] However, in spite of everything, I don't seek treatment because I'm angry. If my liver hurts, well, let it hurt even more¹⁹.

According to Campos et al.²⁰, health actions are associated with the construction of autonomy, of self-care development, since this is one of the roles of the SUS: to produce health and to collaborate with expanded levels of autonomy of the populations (idem). However, if the concept of autonomy presupposes that there is a captivity from which we must flee, one may question whether expanded autonomy desired in health practices is not based on the understanding that individuals and groups need to be redeemed, which will affirm an ideal of redemption of the martyred, typical of slave morality.

There are libertarian ideals that presuppose that oppression has already been installed: the sick person is understood as the one who has been crushed and needs to be released. Well, if the Health System is conducted this way, it is important to realize that it will affirm the morality of resentment. It erects a monument to the scales of justice and compares weights. It cements measures and standards and establishes its protocols in these principles.

Of course, when Campos et al.²⁰ refers to autonomy, he points to the overcoming of imper-

ative models that build on biomedicine-based practices and that permeate collective health actions. However, if on the one hand this movement broadens the co-participative character between the staff and users of the health system, on the other hand, it lacks greater radicality to break with the moral character of the health-disease processes.

Looking at service users, their lack of autonomy, more than respecting and increasing their ways of knowing about themselves and caring for themselves, can rank them as hierarchically inferior, guilty and simultaneously victimized and in need of salvation.

That said, we are tempted to proceed with the reversal of values. However, one must be careful here: it is not a matter of replacing one ideal with another, since the change of good into evil and evil into good does not seem to contemplate the powerful change of values necessary to the thought that we seek to mobilize.

Regarding the notions of guilt, duties and faults, Nietzsche urges the search for "major health"¹⁴. This does not seem to replace an ideal of sanity, but rather to transcend the established values of life and health. Transcending requires, in principle, the consideration that man himself is the seat of values and, hence, values are multiple, innovative, unusual – "the creator seeks companions... who can engrave new values in new tablets"¹⁵. For this discussion, we return to the noble and the resentful from two points: forgetfulness and affirmation.

First, while the resentful man can make promises based on his predictable and typical flock-related nature, he must exercise the ability to remember. The noble, populated by creative forces, dives in his forgetfulness to keep himself healthy. It is the creative forgetfulness, rather than anamnesis, that requires for itself a Body without Organs (BwO):

We have not yet found our BwO; we have not yet undone our self sufficiently. Replacing anamnesis with forgetfulness and interpretation with experimentation. Find your body without organs, know how to do it, it's a matter of life or death²¹.

A matter of life. A matter of death. Major health has amnesia. Forgetfulness, far from being a negation or a fugue, it offers itself as the possibility of experiencing and creating the new, as a disregard for what has been lived, in relation to the cliché and to the herd. Torn, major health follows its own course without promises. It's unpredictable. The subtle stings of pain determine zones of intensity in the BwO, such as the sub-

ject's deconstruction, death of the self and embracing the becoming.

Inherent to creative forgetfulness lies the second point: the affirmation of life. In the third dissertation on *Genealogy of Morality*, Nietzsche discusses the ascetical ideal as a refutation of life, which is perceived as an error: denial of self as "source of satisfaction"¹⁴. Thus, the ascetics strive to live a life other than their own, they wish to be elsewhere and expect another health. They feel secure with their desire of Truth. However, their yearnings set in the "river of becoming"⁵, whose waves batter, foam and carry them back and forth. The danger to which they are exposed lies not in the river, but in the desire: "desire of power – the inexact, generative desire of life." (Idem).

Untruth becomes recognized as a condition of life¹³. Experiencing the vertigo, instead of renouncing false judgments, assuming them in the invented world we live in. This is bold philosophy that dares to face the feelings of value and to delve into the sensation of fluctuation, imprecision and helplessness. It is philosophy rehearsing itself beyond good and evil.

Transvaluing values, not as an imperative, but as a style before the life-healthy, life-sick – seen here as simplifications of an elevated style that, thus, affirms life: "*Amor fati*: may this be, henceforth, my Love!"²²; Such a refined style does nothing to "shy away", to the point of being able to say, without resentment, pity, compassion, self-denial, tolerance or patience, but rather with the absolute love of destiny: "I want to be, someday, simply someone who says Yes!"²². If there is a destiny, Nietzsche will say in his *Ecce Homo*: "I know my fate"⁴, because he will affirm: "To take oneself as a fate, not wanting to be different". Transcending values requires knowing that "Pain is not seen as an objection to life: 'If you no longer have happiness to give me, well, you still have your pain'..."⁴. So, another life for other values.

It is Nietzsche's subversive criticism to values, questioning the value of values, especially those that are there, have always existed and are in place and in use. In addition to considering them through the viewpoints that established them, the philosopher considers the assessments that gave rise to the values as well as the values that permeate those assessments. However, it does not intend to seek origins, but wanders through morals and takes the notion of value as the result of "ways of evaluating that, as such, they themselves create values for guiding human conduct"¹⁴. This is how criticism of dogmatic metaphysics proceeds.

We can consider that major health results from the transvaluation of the hegemonic values of the epistemological field of health. In Brazil, we have experienced processes of critical resumption of opinions that we have assumed in the conceptions and practices that involve health-disease-care. In the name of overcoming the segmented view of the patient and excessively focused on the disease, we strive to notice the patient, often to the detriment of what affects him, of his complaint.

This is undeniably a change in value which, however, appears to be ineffective in terms of health production. There is little point in "demonizing scientific-technological developments" and knowledge of Pathophysiology²³, since it is not a question of denying existing models, but of transposing, creating and opening. Proposing other ways, always new ways of perceiving life and health, a transit policy capable not only of moving, but of moving its own places.

Major and minor health

Because it is said in unique narratives, suffering will be viewed in an imprecise and impoverished way if taken by its negative or positive aspects and listed as an evil that universally affects bodies. It is necessary to remember that diversities reside in indiscernibility with which we take health and, therefore, the only universalization possible would be that everything is unique²⁴, such as the virgin's voice that anticipated the Bispo's intimate pain, which only he heard: "You're going to suffer, my son. You will suffer"¹⁶.

If, on the one hand, the pain of so many is blamed for its powerful embarrassment, on the other hand, Bispo's pain is gloriously necessary for the salvation of humankind, in the figure of his personification of Jesus. Such sharing reminds us of how much we need – health professionals – to look at ways of feeling, understanding and experiencing of the other, so that, permeated by this material, we make shared therapeutic decisions that include due uniqueness at each intervention.

Health workers move their eyes and hands²⁵ in health care and education processes. They are in possession of scientific elements that sustain their actions and that uphold their status and the validity of the voice. However, it is these same scientific statutes that seem to need to be taken with caution: Paim and Almeida-Filho²⁶ point to the need to reconfigure the social field of health,

given the current exhaustion of the scientific paradigm that has supported it.

Breaking up with foundations requires scrapping the clichés, cleaning up what has lost its force, considering that actions in health are outlined with the freedom necessary for its production²⁷. In what way must we take on health-disease-care in order to overcome the main issues related to ensuring care?

The Nietzschean notion of major health – “new, stronger, alert, cheerful, firm and audacious”²² – seems a sound composition of intense chords, which occupy an entire environment. What is major health? What does it want? It is a way of perceiving health and promoting it as mundane health, since it is associated with the changing processes of human effectiveness. Major health does not accept the refusal of vicissitudes of life, for pain and suffering are implicated in unique individuation processes.

If, on the one hand, poor health obeys the script of a classical theater, major health concerns the one who wants to expand. The criticism of Antonin Artaud to classical theater was that it precisely lacked creation, because sayings and doings are whispered to the actor, whose gestures are limited and signature withdrawn. This is what Derrida calls whispered word²⁸ and can be visualized in some of Bispo’s words in the following conversation.

During the recording of a documentary about Bispo do Rosário, psychoanalyst and photographer Hugo Denizart recorded the meeting of Bispo with a woman and a child who visited another inmate of the hospice:

BISPO: This is some material that I gather from the earth...

WOMAN: Then you keep it, right? Yes, he is very smart; a job like this is something that even a normal person cannot do. A normal person does not do that. This is fabulous.

DAUGHTER: Look at the little chair, mother, over here...

WOMAN: Yes. It’s all in his mind, right? This is fantastic. The most interesting thing is that he does not sell anything to anyone.

BISPO: It’s not for sale.

WOMAN: Yes, this is not just something that any person can do. This must be a glorious thing to you, isn’t it?

BISPO: There’s no glory in it. I am forced to do it. Otherwise, I wouldn’t do anything of this sort.

WOMAN: Are you honored to do all this?

BISPO: No, I am forced to.

WOMAN: Okay, I really enjoyed your work.

BISPO: I hear a voice, and this voice forces me to do all this.

WOMAN: Are you ordered to do it?

BISPO: Yeah, if I could, I wouldn’t do any of this.

WOMAN: The orders you receive must be from the otherworld, right?

BISPO: I don’t know, now I receive orders and I am forced to do it⁶.

Bispo received orders that he had to obey. How many prescriptions do we receive? How many diagnoses “make us” do something? How many epidemiological data guide preventive actions full of imperative words?

Certainly, Bispo is not an exemplary puppet: he himself seemed to be the hands and the puppet, but the same visions that gave him wings and detached him, also guided him to the point of imprisoning him, like a script of the classical theater.

If we associate minor health with a classic theater scene, we will notice that it is controlled by a logos that compromises its aesthetic, since it limits the actor’s gestures, who would be “forced to do” this and that. In the face of this theater, Artaud²⁹ is manifested by cruelty – the death of the logos – that necessarily includes a rigor aimed at ensuring the manifestation of life in its first flowering; that which has not yet been written or fixed, the momentum of the emergence of another language. Driving things to their ineluctable end²⁹, which is: “appetite for life ... life’s whirlwind devouring darkness”.

While observing health actions and their ways of establishing themselves as places inhabited by disciplinary norms and hardened professional practices³⁰, we ask ourselves: how can we foster major health-promoting health care and health education practices? How can we distance professionals from the prearranged scripts and the progress of a minor health proper to puppets?

Major health appropriation seems to require an approximation to chaotic logic, in which the scene of acting in health may be perverted or, in Nietzsche’s vocabulary, transvalued. Faced with the author’s sovereignty and ties imposed on the actor on stage, it becomes necessary to break with the logos, the imprisoning script, and to increase the value of the appetite for life, as a power of affirmation and health. How to take pain in the fabric of life itself? *Amor fati* seems to be the Nietzschean formula of this aggrandizement of health: the sufferer is not attributed less health than a well-loved life.

It is not conformism, resignation, nor passive submission: it is love. It is not law, nor cause or

purpose: *fatum*. It is the affirmation with a joy of chance and necessity at the same time¹⁴. Suffering, therefore, consists of combinations of forces that establish the course of individuation, and the question is whether we say yes to life; to this one, and not the other one.

The transvaluation of health values brings us back to the affirmation of life and more life, even with the implications of “saying ‘Yes’ without reservation to suffering itself, to guilt itself, to everything that is strange and questionable in the very existence ...”⁴.

The promotion of free and mundane health seems to open possibilities for a Dionysiac relationship with existence: let life affirm itself, desirous of feeding itself with all its experiences, and reject the reactive and nihilistic attitudes: “I hate everything that only teaches me without increasing or directly stimulating my activity”¹³.

We talk, then, about an transvalued health that refutes what lessens the experience but that, above all, says yes to the dilemma between affirming life, divesting oneself of the possibilities of judging what is good and what is evil, in a movement of self-surrender, or denying life as it is, abhorring its eternal return²². Of existential significance, the perennial hourglass flips re-sound the movement of sand grains, as if they were within our eardrums.

This tragic perspective on life and health seems to contribute to the approximation of actions to the possibility of developing sensitivity to the issues of the other, in order to overcome predeterminations, and intelligence for listening, diagnosis, handling, treatment, recommendations, with priority to the forces of life and how it unfolds.

Final considerations: major health as a denial

Pain full of redemption fills itself with the fear of he who pushes the cup of blood away. But let not my will be done: the salvific sacrifice for which Bispo is willing and, thus, fulfills every step of his mission. An obligation coupled to art's plenitude, which was only handwork to him. Suffering of so many others, felt, reflected, put into music, inserted, intimate and immersed, as well as distributed, passed, leaked, scattered and hindrance. Guilt.

Transvalued health strips itself of judicious classifications and cuts the silver threads that define puppet gestures. Highs and lows are faces of the same life, to which disease is added to health and are elements involved in the establishment of individuation styles: “*Amor fati*”²².

We take into account the multiplicity of health from the ways of going about in life and not from classificatory prescriptions; health values transvaluation movement drives the perception of life beyond good and evil. Nietzsche's reading of health allows us to broaden the concept by envisioning it. We can think of at least two: minor and major health. While one heals, the other is continually achieved. Major health does not allow the refusal of vicissitudes of life, for pain and suffering are involved in individuation movements. However, this seems to us to be the great denial, not in the face of a sick condition, but a refusal of the very norm that, in a homogeneous way, determines what is to be healthy or sick. “Nietzsche says that homogenization is a deviation, a true disease, because it prevents in-

dividualities from developing, and instincts from taking effect”⁶.

If, on the one hand, minor health obeys a script, major health concerns an expanded life, which asserts its creative character and not established by the herd. It is necessary to tear to pieces the immobilizing polarization that presents itself in values of good and evil, and that function as an exercise of violence. The living needs fresh air from heights.

Collaborations

ECL Biato, LB Costa and SB Monteiro worked together on discussing ideas, conducting research and writing the text.

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