

Possibilities and Limits of Subjectivity in the Face of the Health-Disease Process: Canguilhem, Lukács and the Pioneers of Collective Health

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Abstract

This essay aimed to analyze some aspects of subjectivity's role in normalizing health and disease as phenomena materialized in individuals and collectivities. To do so, it rescued the contributions of Georges Canguilhem in "The Normal and the Pathological", where the possibilities of the subject to normalize life in the face of a new pathophysiological state were highlighted. Subsequently, we recovered the categories of work, objectification, exteriorization, and alienation in Georg Lukács' "Ontology of Social Being" to show objective limits to subjective capacity. Finally, we show how this debate was conducted among the pioneers of Collective Health, especially under the influence of Canguilhem. At the same time, we show that some aspects of Marxian theory on the objectivity-subjectivity relation are present in the arguments of the authors of Collective Health, which may bring them closer to the Lukacsian debate. Given this, we conclude that the subject still has aspects to be deepened in Collective Health and that Lukács' theoretical categories can contribute to mitigating excesses and filling gaps.

Keywords: Pathological; Disease; Collective Health; Canguilhem; Lukács.

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Posibilidades y límites de la subjetividad ante el proceso salud-enfermedad: Canguilhem, Lukács y los pioneros de la Salud Colectiva

Resumen

El objetivo de este artículo fue analizar algunos aspectos del papel de la subjetividad en la normatización de la salud y/o la enfermedad, como fenómenos materializados en individuos y colectividades. Para ello, rescató las contribuciones de Georges Canguilhem en “Lo normal y lo patológico”, que destacan las posibilidades del sujeto para normatizar la vida ante un nuevo estado fisiopatológico. Posteriormente, recuperamos las categorías de trabajo, objetivación, exteriorización y alienación de Georg Lukács en “Para una ontología del ser social”, con el fin de mostrar que existen límites objetivos para la capacidad subjetiva. Por último, demostramos cómo este debate se llevó a cabo entre los pioneros de la Salud Colectiva, especialmente bajo la influencia de Canguilhem. Al mismo tiempo, mostramos que algunos aspectos de la teoría marxiana sobre la relación objetividad-subjetividad están presentes en los argumentos de los autores de la Salud Colectiva, lo que puede acercarlos al debate lukacsiano. En vista de esto, concluimos que el tema aún tiene aspectos que deben profundizarse en la Salud Colectiva y que las categorías teóricas de Lukács pueden contribuir para mitigar excesos y llenar lagunas.

Palabras clave: Patológico; Enfermedad; Salud Colectiva; Canguilhem; Lukács.

Summary: 1. Introduction, 2. Theoretical-conceptual reflection, 2.1 Canguilhem's contributions to reflect on the role of subjectivity in the definition of normal, pathological, and illness, 2.2 Objectivity-subjectivity: thinking with Lukács, 2.3 Dialoging with some pioneering authors from Collective Health, 3. Conclusions, 4. Bibliographic references.

1. Introduction

This essay intends to analyze subjectivity's role in normalizing health and disease (or, more precisely, of the health-disease process) as a concrete phenomenon materialized in individuals and collectivities. Subjectivity is considered from a generic point of view (dimension of social being in general) (Engels & Marx, 2007; Garcia & Moreira, 2020; Lukács, 2012), but especially from a particular point of view when it is concretized in the experience of subjects facing a pathology or a new state of health.

The relevance of this issue resides in the stance of the positivist-based biomedical model that considers health (actually, disease) as an object that can only be defined by the parameters of science or the physician (González-González, 2008). In fact, under this perspective, subjectivity has been treated as something that should be excluded from research and intervention because it could compromise the scientificity of the process (Díaz-Narváez, 2014).

Confronting this way of thinking, various perspectives that address the subject of subjectivity have offered arguments to rethink its role in the definition of the health-disease process and, consequently, of medical practice itself, of scientific health. One of the most emblematic contributions is that of Georges Canguilhem (Czeresnia, 2010; Neves *et al.*, 2017), a French physician and philosopher who published his doctoral thesis defended in 1943, with later additions under the title *The Normal and the Pathological*.

Canguilhem's (2009) arguments are essential to understanding how illness (and its normalization) has a historically and socially constructed meaning and how the individual's experience in the face of a pathological process is valuable for changes in these meanings.

Despite the importance and influence of this author's arguments, including for (Latin American) Collective Health (De Carvalho-Mesquita Ayres, 2016), We start from the postulate that several aspects of the relationship between objectivity-subjectivity could not be problematized by the French author at that time, which was reproduced as gaps or excesses in subsequent debates. We believe that some limits (but also possibilities) that exist in such a relationship can be identified based on Marxist literature, such as the contributions of Lukács (2018) in "For an Ontology of Social Being", which will possibly contribute to fill the gaps or mitigate the excesses (Castro, 2013).

Against this background, we propose a debate that crosses the arguments of Canguilhem and Lukács to sediment them in Collective Health. To this end, we present three subsections of reflection, first by examining subjectivity's role in Canguilhem's (2009) "the normal and the pathological". In the second subsection, we bring Lukacsian contributions to the objectivity-subjectivity relation. In the third subsection, we retrieve the Collective Health current, formerly Latin American Social Medicine, to show how Canguilhem's arguments were incorporated and

how a dialogue with Lukács can contribute to moving forward from Canguilhemian reverberations.

Finally, in these introductory notes, we highlight the relevance of Collective Health for the global debate, for its disruptive character in the face of the status quo (Pinheiro *et al.*, 2023). However, it has been more widespread only recently in English-speaking countries (Waitzkin *et al.*, 2001). In a commentary on the book “Critical Epidemiology and the People's Health” by Breilh (2021), one of the pioneers of Collective Health, the editor of the Lancet, Richard Horton, stated: “Breilh's manifesto is not just about advocating a new method. It is also a movement aimed at mobilizing society: a critical science, but also a radical and emancipatory one” (Horton, 2023, p. 12).

Indeed, Collective Health shows potential for a critical debate on the role of subjectivity, aiming for new ways of investigating and intervening in the health-disease process beyond the instituted scientific parameters.

2. Theoretical-conceptual reflection

2.1 Canguilhem's contributions to reflect on the role of subjectivity in the definition of normality, pathology, and disease

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Canguilhem's (2009) conception of what constitutes the normal and the pathological involves critically analyzing the ideas of earlier thinkers, particularly Auguste Comte, Claude Bernard, and René Leriche. Although the conclusions of these authors are varied, their general reflections focus mainly on quantitative aspects, establishing metrics and parameters to define the boundary between the normal and the pathological (Mascaro, 2020).

Canguilhem (2009), however, goes beyond this approach, highlighting the importance of the normativity of the subject within the context of the relationship between physiology and pathology. He argues that the pathological cannot be considered a quantitative variation of the normal but represents a qualitatively different form of the norm of life. Thus, Canguilhem (2009) challenges the conventional view by asserting that the pathological state can be considered normal since it reflects an intrinsic relation to the normativity of life, even if it is different from the physiological normal.

The author emphasizes that some norms shape every condition of life, and the transition between states involves the individual's ability to adjust to new norms. From this perspective, health is defined as the subject's capacity to be normative, even in pathological conditions. On the other hand, illness is not confused with pathology since it is only established when the subject loses the normative capacity, that is, to institute new norms to continue life in the face of a new

state. Therefore, the disease becomes defined regarding the subject (emphasis on subjectivity) based on its normative capacity (Canguilhem, 2009).

The analysis proposed by Canguilhem (2009) focuses on the qualitative dimension of stabilizing life through the normative action of the subject, even in the face of a pathological normal. He emphasizes the importance of recognizing the relativity of the process, where the definition of illness cannot be reduced exclusively to scientific or medical parameters, but is based on life history (the previous normal state) and on the loss of the subject's ability to adapt to new normative circumstances (moving from the physiological normal to the pathological normal).

Of course, the normativity of the individual occurs within flexibility that becomes possible amidst the collective (social) construction of norms, which establish physiologically possible ways of being in a given context (Le Blanc, 1998; Safatle, 2015). Although the normal is associated with the normativity of the individual at the center of the process, Canguilhem (2009) recognizes the existence of norms within the genres of life (commonly called ways of living life).

In the second part of his work, Canguilhem (2009) strives to connect the vital (and thus the norm) with the social sphere, raising this connection to a new level by considering collective demands about the norm and vice versa. The Canguilhemian discussion is more elaborate at this point, partly due to the twenty years of maturation that elapsed between the writing of the first and second parts of "The Normal and the Pathological."

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It is worth noting that Canguilhem (2009) draws attention to social normativity, which, unlike natural normativity, does not inevitably produce an effect but presents itself as a possibility. It is a "possibility of reference when it has been instituted or chosen as an expression of a preference and as an instrument of a will to replace an unsatisfactory state of affairs with a satisfactory state of affairs" (Canguilhem, 2009, p. 109).

While in the relationship between norm and life, Canguilhem (2009) places the horizon of the living organism to remain stable in a new level of normality instituted by the individual in the relationship with himself; when it comes to the social sphere, he emphasizes that norms are correlated within a system capable of conferring a certain social unity in the acts of normalization.

Finally, in the first part of Canguilhem's work (2009), there is a perspective of relativity and even a certain vitalism and organicism (Cairus & Gallucci, 2019; Ferreira de Almeida, 2017; Safatle, 2011), the second part of the work extends the argumentation in the direction of the understanding of social organization, based on the correlativity of norms. That social sphere, in turn, imposes demands on the history of vitality (the genres of life), from which physiological modes of being are confronted by normative individuals in the face of changes in their state.

With this in mind, we can affirm that Canguilhem's contributions underline the possibility of the role of subjectivity in the definition of the normal, opposing the perspective that defined it through a mathematical prism. Thus, Badiou (2013) considers Canguilhem part of the tradition of contemporary French philosophy (from Jean-Paul Sartre to Gilles Deleuze), which, although plural, has a common feature: the question of the subject. In Canguilhem, although a theory of the subject is not made explicit, the emphasis on the role of subjectivity points to the centrality of a subject that is not separated from its existence but is constituted through it. In a kind of philosophy of life, the concept of normal, pathological, and illness is defined in the synthesis of the experience of the subject inseparable from existence, in which subjectivity plays an active and preponderant role (Badiou, 2013).

2.2 Objectivity-subjectivity: Thinking with Lukács

From what has been discussed, it is possible to recognize that there are theoretical elements proposed by Canguilhem that contribute to thinking about health beyond illness, which, in turn, goes beyond biologics. While Canguilhem's work reveals the rich possibilities of subjectivity, we argue that Lukács' contributions shed light on some limits.

Looking under Canguilhemian lenses, the individual can institute a new set of norms to follow in front of a pathological state with normality, albeit in a qualitatively inferior state to the previous one. However, in that author's theory, the understanding of the role of subjectivity is clothed with too much autonomy about the ontological priority of objectivity. This leads us to the following questions: To what extent can the individual subjectively normalize his or her state of health? To what extent does what is normalized by the individual or what is legitimized by the social system of norms reflect the actual social process?

Our problematization is supported by the thoughts of Georg Lukács, for whom the construction of subjectivity takes place in the particular moment of externalization, which in turn is consubstantiated within the process of objectification (Brandão-Holanda, 2019; Vedda & Infranca, 2012). Indeed, this process is essential to explain how individuals and human groups act and think “normally” daily, in constant mutation.

Lukács (2018) posits the objectivity-subjectivity relation, taking the labor category from Marx and capturing the processuality of social beings in their self-construction. Lukácsian ontology emerges as one of the main works that relocate Marxism in Marx's direction, understanding theoretical categories as determinations of reality and not only as logical-formal constructions (Castro, 2019; Tonet, 2013).

In the Lukácsian-Marxian perspective, subjectivity and objectivity are mutually determined, with the predominance of objective determination (Tonet, 2013). This means that since Marx, the subject's active role (therefore, of subjectivity) is recognized but within limits set

by external objectivity. This conception breaks with subjectivism but also with Marxist perspectives that only “see” the determination of objectivity for subjectivity.

The foundation of this understanding lies in the understanding of work as original praxis, the founding activity of social beings. According to Marx (1988), work is the activity through which the human being, seeking to satisfy concrete needs, transforms nature into something useful, therefore possessing use value.

It is a teleologically directed process, which exists as an ideal project (previous ideation) to subsequently exist in objectivity (moment of objectification), although without absolute identity. However, the previous ideation is not born spontaneously in subjectivity; it is not a mere logical elaboration of the subject but consists of the result of the confrontation of the subject with the objective reality, which determines its needs (Lessa, 2011). Moreover, the transformation of nature into that which the subject needs occur within the possibilities of the causality proper to the object under transformation (Lukács, 2018).

Work always implies a bidirectional transformation since, at the end of the process, the human being has also been transformed, acquiring new skills, new knowledge, and, above all, creating possibilities and needs beyond the individual sphere, as these energize social life (Lessa, 2014). For Lukács (2018), this dynamic is reproduced in any human activity, understood as praxis.

Objectification is not a homogeneous process, even if it is unitary. Nor is it a unidirectional process, although its essential result is modifying objective reality. According to Lukács (2018), objectification encompasses a particular moment of retroaction of objectivity on the subject, essential for the constitution of individuality, a moment called exteriorization.

The moment of exteriorization marks the point at which the history of the product of labor is separated from the history of its creator and, because of this, can recoil on the subject, constituting its subjectivity (Alcântara, 2014). Based on this discovery, Lukács (2018) ratifies the predominance of objectivity over subjectivity, although the latter can also provoke transformations in objective reality. It is convenient to the caveat that it is not a matter of anticipation but of ontological predominance in the face of a dialectical relation of coexistence.

As more objectifications and externalizations occur - in the constant relationship between classes, groups, and individuals - the complexity and richness of social beings and the opportunities for connection between individuals and humanity increase. Through these moments of objectification-exteriorization, each human being tends to condense into him/herself, a part reflecting the human genus, which contributes to historically determined self-realization and self-knowledge (Lukács, 2018).

Considering this abstraction that occurs in the generic field of social being, it is also necessary to consider how this occurs concretely in each mode of production, with its corollary of social reproduction (Lessa, 1995). At this point, Lukács (2018) notes the relationship between externalization and alienation of the capitalist type, with the unfoldings for subjectivity. Although exteriorization is essentially a positive and enriching process of the subject, it can become subordinated to alienating imperatives in the sphere of societies in which class relations dominated by exploitation and alienation predominate. Such a condition creates obstacles to the connections between individuals and humanity's potentialities, hindering the full development of subjectivity and qualitatively lowering the objectivations-exteriorizations.

When it comes to capitalism, the root of this relative (never absolute) gap between the individual and humankind lies in the fetishism of the commodity, when the products of labor come to dominate their producers, in the process of humanization of the commodity and reification of the human being (Marx, 1988).

In the capitalist mode of production, the transformation of nature is predominantly oriented towards the production of value, materialized in exchange value in the market. That is to say, an abstract form of labor, emptied of the qualities that determine the diversity of the use values produced, dominates social relations, which come full circle to revolve around relations between things.

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This productivity limits individual and collective capacities for self-knowledge, self-realization, and normalization of life in a consciously directed way, although it does not hinder them. Alienation in capitalism, unlike externalization, is the foundation of dehumanization since it determines an automatic and spontaneous operation of everyday relations to guarantee the historical repositioning of capitalist relations, albeit on new forms.

These spontaneous reifications lead to conditioned reflexes of the individual, even in his decisions and values. For Lukács (2018),

[...] the more the everyday life of human beings - still provisionally in the sense so far indicated - creates reified forms of life and life situations, the more efficiently the human beings of everyday life adapt spiritually [...]. They become accustomed to specific reified dependencies and develop in themselves - again, possibly, on average, not necessarily socially - a general adaptation to alienated dependencies. Now, it is clear that the reification, the transformation of the reaction to everyday life purely through reflexes conditioned by the development of the productive forces, by the socialization of the social everyday life shows increasing tendencies: they influence, for example, the personal behavior of a coachman of earlier times much less than that of a car driver of our days. (p. 579)

However, it is important to emphasize that the constant conditioning of subjects to the reified every day is not inevitable since there is always room for resistance and transformation, which means recognizing the active capacity of subjectivity. Subjectivity is confronted with limitations in the bulk of everyday praxis, but collective (say, class) consciousness can play a role in overcoming the objective bases of alienation in historical terms.

The argument presented by Lukács (2018) offers an illuminating insight into the constitution of everyday normality. He sees it as a set of conditioned reflexes that manifest themselves in reified forms of life and situations. In this context, humans adapt to everyday life, moving towards a general adaptation to authentic things determined by alienation.

Thus, when we point out certain limits of Canguilhem's (2009) perspective, we need to do so by considering two different levels of abstraction. First, we need to highlight the inherent limit of subjectivity in praxis, for it can only (re)elaborate due to the feedback of objectification on the subject, the moment of externalization. Already at a second level of abstraction, the limits become even more evident, especially about the exercise of normativity of the individual or the constitution of a system of correlated norms. Here, abstraction is brought to the concreteness of the conditioned reflexes of the capitalist every day, revealing that the "genres of life" are, in their essence, reified situations and forms of life.

Given this, we recognize the valuable contribution of Canguilhem (2009) in raising the role of the subject to a new level regarding the understanding of health illness beyond the narrow vision of positivist science. However, some gaps in this way of understanding the role of subjectivity are consubstantiated in the absence of the discussion of objectification and externalization, originally founded on the act of work.

Even when Canguilhem (2009), in the second part of his book, stresses that the normalization of life takes place within a social system of related norms, he does so on the assumption that there is too much subjective power in defining what lived phenomena are. For an ontology of historical-dialectical materialist basis, the lived phenomena possess exteriority about the subject and, therefore, exist objectively and independently of the subjects' consciousness about such existence. However, those subjects in their relations produce them.

The awareness of these phenomena, as well as their transformation, is possible and necessary. However, it occurs within an objective historical process constructed by human beings, but not to their liking.

2.3 Dialoguing with some pioneering authors of Collective Health

Initially, it is necessary to clarify that Collective Health is a field that differs from Public Health, mainly because it criticizes the positivist paradigm of the latter. It is a field developing from Latin American Social Medicine, constituted in dialogue with the Social and Human Sciences (especially with Marxist aspects) since the 1960s (Carmona-Moreno, 2020; Duarte-Nunes, 1994; Souza, 2023).

The concern of this new field, among other things, is to offer a theoretical-methodological framework capable of explaining the social dimension of health beyond the causalisms and dichotomies of Public Health sustained by traditional epidemiology (Breilh, 2013; Pinheiro *et al.*, 2023). This means also glimpsing health practices that break with the biomedical model and the hospital-centric logic to give way to actions and services articulated collectively, from the structuring of health systems that prioritize health promotion to the struggles for societal transformation (Paim, 1992; Almeida-Filho, 2013).

In the meantime, Canguilhem's influence is perceived by some pioneering authors in this field, especially evidenced by the incorporation of his conception of normal and pathological and by the concept of ways of going through life (Ávila-Dantas & Almeida-Filho, 1999). This is the case of Anamaria Testa Tambellini, in her doctoral thesis, when she analyzes traffic accidents as social phenomena embodied in the health-disease process. On the occasion of the definition of this process, the author incorporates the Canguilhemian thought since she considers that the disease cannot be defined only by the physician but by the patient in his own experience. For Tambellini-Arouca (1975):

The illness becomes that which makes him/her suffer, impairing normal life activities. Therefore, its definition comes from the patient and not from the physician. Consequently, a person is not ill only to others but also to her/himself. (p. 58).

In a similar direction, Sergio Arouca, in criticizing Preventive, also in his doctorate thesis, affirms that:

Medical care is directed to human needs, considered as conditions of health and illness, which we understand in the sense of Canguilhem (1971) as unprecedented ways of 'walking life,' in which life, comparatively and historically, rejects the norms of illness to affirm the normativity of health. (Arouca, 1975, p. 154)

Another pioneering doctoral thesis on the constitution of Collective Health was defended in 1976 by Cecília Donnangelo. In it, the author brings a profound reflection on medical praxis, reworking the object of intervention of the profession. At that time, the influence of Canguilhem appeared since Donnangelo (1976) argues that a physiopathological dimension does not merely

constitute the body on which physicians intervene but is socially determined by the experience of normative subjects. For the author, "it is through the norms elaborated in collective life that the body is dimensioned and acquires meaning by reference to the specificity of the social structure" (Donnangelo, 1976, p. 25).

Asa Cristina Laurell, also in her thesis, published as a book in 1989, with the addition of a second part co-authored with Mariano Noriega, does not make direct reference to Canguilhem but takes the category "ways of walking life" from the text of Tambellini-Arouca (1975). We note that Laurell and Noriega (1989) recognize this category as one of the pillars for defining the object of medicine and other health professions, following Donnangelo's example, but they advance in some aspects.

The advances are due to the emphasis on the social and objective character of the adaptation processes and ways of going through life. According to Laurell and Noriega (1989), "it follows [the social production of the environment] that 'ways of life' are characteristic of collectivities and not of individuals" (p. 102). More than the individual's experience and relativity with himself/herself to define the health-disease process, Laurell and Noriega (1989) consider the social production of ways of living as the decisive dimension to set the limits within which individuals act.

It is on this point that Marx's theory strongly influences the authors' argumentation since they place the cornerstone of the ways of life in the work process, even before the experience of the subjects, either with themselves or collectively. In other words, these authors "[...] place the key to understanding the human biopsychic process in the process through which man appropriates nature by transforming it and transforming himself, that is, in the work process" (Laurell & Noriega, 1989 p. 103).

Therefore, thinking of the body as an object of health praxis (even if understood as something socially determined) is insufficient. The argumentation of Laurell and Noriega (1989), along the lines of Marx, defines this object as the human biopsychic nexus, considering it to express how the collectivity of bodies is inserted in the spheres of production and social reproduction.

By considering the labor process and, consequently, the capitalist production process as the key to defining the limits within which subjects act, Laurell and Noriega reach the categories of prior ideation (the activity oriented to an end) and alienation. Let us see in the words of the authors themselves:

That quality of work (being an end-oriented activity) is one of the keys to understanding the historical specificity of human psychological processes. Thus, while this quality is only a

potentiality until it is realized, it tends to be denied to most workers when work assumes an exploited and alienated form. (Laurell & Noriega, 1989, p. 104)

This dimension of the health-disease process is also addressed by Breilh (1977) in his master's thesis, but in this case, without an interlocution with the Canguilhemian categories. This author is the precursor of social determination of health when, through historical-dialectical materialism, he opposed the causalisms of traditional epidemiology.

To this end, Breilh (1977) situated the object of critical epidemiology in Marxian categories, emphasizing the indispensability of the dimensions of reality (universality-particularity-singularity) to analyze health disease. Along this path, the author highlights the spheres of production and social reproduction to capture universality, the idea of social subject (linked to the social class category) to address the epidemiological profiles that mark the particularities, and the insertion of individuals in social production/reproduction as expressions of the singular dimension of reality.

It is precisely in the debate on the social subject that Breilh also approaches alienation as an objective determination on subjects:

[...] not as a power of their own [...] but as an alien power, situated apart from them, which they do not know where it comes from or where it is going and which, therefore, they can no longer dominate [...] the social subject is lost, falls latent, begins to represent itself as something alien. (Breilh, 1977, pp. 92-93)

In taking stock of the issues raised by some of the pioneers of Collective Health, we ratify the important contributions of Canguilhem. However, above all, the power of Marxian-Lukacsian thought to advance in the face of the excesses attributed to subjectivity or the gaps to be filled. It must be recognized that the biomedical model and its variants have been busy relegating the subjects' experience to the definition of the health disease process. It is also true that some perspectives within Marxism did not deal appropriately with the question of subjectivity but propagated a distortion of Marx's thought, as if it only considered, mechanically, an objective determination of an economic nature. In the face of both problematic perspectives, reflections such as those of Canguilhem have indisputable relevance.

Canguilhem's contributions, historically, make force against the biomedical model and, therefore, appear in the germination of Collective Health. However, as we pointed out, the problematization of the objective limit based on the possibilities of subjectivity to determine the genres of life is absent, which to some extent is reproduced in Tambellini-Arouca (1975), Arouca (1975) and Donnangelo (1976).

Without discarding the role of the subject's experience in the face of states of normality, it is necessary to consider on what basis subjectivity is constituted and, therefore, the subject's possibilities of elaboration. This challenge is shown to be susceptible to confrontation through Marxian categories, free of any mechanism, a task for which Lukács was decisive. Approaches in this sense are perceived in Breilh's (1977) and Laurell and Noriega's (1989) arguments, although still without the interlocution with Lukács.

The subject is still insufficiently treated in Collective Health, especially considering its Marxist bias, which is still stereotyped as a perspective that limits subjectivity. It is not trivial that other theories occupied that place in the referred area, for example, the thoughts of Martin Heidegger, Michel Foucault or psychoanalysis currents (Birman, 1991; Costa-Val *et al.*, 2017; De Carvalho-Mesquita Ayres, 2004), which seems to us to favor a distancing from the perspective of reciprocal determination between objectivity and subjectivity, with priority over the latter.

Therefore, our defense is that Lukascian thought contributes to this dialogue, putting the objectivity-subjectivity relationship in "new" terms, especially by recovering the categorical pair externalization-alienation. From this, one can continue to recognize the importance of the subject's experience as part of the health-disease process, in its most apparent or immediate sphere, because it directs effective teleological acts in everyday life that produce concrete effects on the states of health-disease, in the individual and the community. However, it must be considered that the (normative) activity of the subject presupposes, at an ontological level, the objective mediations that determine the correlative moments of externalization¹.

In these terms, instead of merely taking subjectivity for itself (albeit collectively, as in the ways of walking life) as a parameter to define the health-illness process and understand how society normalizes it, one can move towards the understanding that such a process exists in objective reality, independently of the subject's awareness of that existence (Souza, 2019; Souza & Mendonça, 2017). Additionally, it can never be forgotten that the production of that process is consigned to the relationship between the subjects (especially in capitalism) (Holzkamp, 2016), in the contradictory relationship between the development of the productive forces and the social relations of production) Moreover, its transformation implies their conscious action, mainly against the exploitation and alienation of labor (Tertulian, 2016).

¹ Laurell y Noriega (1989) They also contribute examples to highlight the limits of subjective adaptation in the process of normalizing a new state. For them, adaptation to stress illustrates the fact that the individual involved manages to react in a new way to stressors, but the process itself that causes stress may remain unchanged, and thus the new norm may be complicit in this process.

3. Conclusions

In this essay, we had the opportunity to analyze some aspects that refer to subjectivity in the normalization of the health-disease process. In the Canguilhemian current, with influence on Collective Health, subjectivity is decisive in defining illness once the latter expresses the inability of the subject to normalize life in the face of a new pathophysiological state, that is, to go ahead with a new normality.

We also note a direct influence of Marx's theoretical categories in Collective Health, allowing authors such as Laurell, Noriega, and Breilh to clothe the disease process objectively. Such objectivity has nothing to do with the positivist vision of the buoyant object; on the contrary, it expresses the dimension of reality external to the subject but can be transformed by her/him.

These authors tangentialize categories such as teleology and alienation, which are discussed based on labor and capitalist production processes. This presence is relevant since it converges with the Lukascian argumentation in some aspects.

Lukács' Ontology has the potential to debate the role of subjectivity in the health-disease process once it demarcates its limits in the face of objectivity, which determines it as a priority. Lukács makes this argument without imprisoning subjectivity; on the contrary, he reveals all its creative potential through externalization as a moment conjugated to the objectification present in work (and, therefore, in praxis in general). This seems to be the decisive point for deciphering how objectification is, at the same time, feedback of the products of human activity on the subjects, (re)elaborating their subjectivity.

However, in societies based on exploitation, the process of alienation involves reified retroactions on human subjectivity, immersed in spontaneous reflections in the everyday, as well as in more complex (authentic) reifications that, in the end, produce the subjectivities necessary for the reproduction of exploitation and of alienation itself. At the same time, Lukács allows subjectivities to actively perceive the essence of these processes and, consciously and historically, transform them.

We were not able to analyze other aspects of the role of subjectivity, then of subjects, in socially normalizing what it means to be healthy or sick. There is a broad categorical complex in Lukács' theory that is related to subjectivity and that, in future research, can enrich the debate. The discussion that the Hungarian philosopher develops on consciousness, reflex, alternative, freedom, social reproduction, and ideology seems to be the expected unfolding of this dialogue with Lukács on subjectivity in health.

We hope that the brief relations that we establish and the theoretical-methodological clues launched to the debate contribute to (re) thinking about the theories and practices that sustain Collective Health, including making it possible to join forces in its process of international dissemination.

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The author declares that there is no conflict of interest in the writing or publication of this article.

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