

AFFECTIVITY AND A HEALTH-PROMOTING SCHOOL: CONSTRUCTION OF MEANINGS BY THE TEACHER

Afetividade e promoção da saúde na escola: construção de significados para o professor

Afectividad y promoción de la salud en la escuela: construcción de significados por el maestro

Original Article

ABSTRACT

Objective: To understand affectivity and health promotion at school through construction of meanings by the teacher. **Methods:** Exploratory and descriptive study with a qualitative approach using as an instrument of data collection affective maps and interviews. The affective maps provide the overcoming of duality between cognition and affection and spaces representation, since in this context any environment can be perceived as an emotional territory. The interviews investigated the actions promoting health in which each teacher participated; it was studied their perception of actions and their affections manifested when they carry out actions suggested by the school and how they perceive their own participation in those actions. **Results:** The affective maps indicated various and revealing affections of teachers when talking about their relation with the school; among others that are considered important for the school to be seen as a pleasant place: friendship, fellowship and unity. Besides that, in the studied school, there are evident conflicts between the teaching staff and students which are related to practices that carry out health actions in the school, since those actions do not consider the teacher or the educational community participation, and as a consequence makes teachers to feel excluded and devaluated. **Conclusion:** Pleasant feelings about the school space are not enough for the teacher's participation in health promotion actions due to the decontextualized way these practices are made; this represents an obstacle for their participation.

Descriptors: Affection; Health Promotion; Health Education; Teachers; Academic Institutions.

RESUMEN

Objetivo: Comprender la afectividad y la promoción de la salud en la escuela a través de la construcción de significados por el maestro. **Métodos:** Estudio exploratorio y descriptivo con un enfoque cualitativo utilizando como instrumento de recolección de datos los mapas afectivos y entrevistas. Los mapas afectivos proporcionan la superación de la dualidad entre cognición, afecto y la representación de los espacios, pues en este contexto cualquier ambiente puede ser percibido como un territorio emocional. En las entrevistas se investigó las acciones promotoras de salud en las que cada maestra participó, su percepción sobre las mismas, los afectos cuando realizan las acciones sugeridas por la escuela y cómo perciben su participación en estas acciones. **Resultados:** Los mapas afectivos señalaron diversos y reveladores afectos de las maestras al hablar de su relación con la escuela, entre ellos, amistad, compañerismo y unidad, que se consideran importantes para que la escuela sea vista como un lugar placentero. Además, en la escuela estudiada se muestran evidentes conflictos en la relación del profesorado con los estudiantes en prácticas que realizan acciones de salud en el lugar, pues ellos no consideran al maestro ni a la comunidad educativa y esto hace emerger en los profesores un sentimiento de exclusión y desvaloración. **Conclusión:** Los sentimientos placenteros por el espacio escolar no son suficientes para el involucramiento

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del maestro en las acciones promotoras de salud por la manera descontextualizada que son hechas, esto representa un obstáculo para la participación de los mismos.

Descritores: *Afecto; Promoción de la Salud; Educación en Salud; Docentes; Instituciones Académicas.*

RESUMO

Objetivo: *Compreender a afetividade e a promoção da saúde na escola através da construção de significado pelo professor.*
Métodos: *O presente estudo exploratório e descritivo foi realizado com um enfoque qualitativo utilizando como instrumento de coleta de dados os mapas afetivos e entrevistas semiestruturadas. Os mapas afetivos fornecem a superação da dualidade entre cognição, afeto e representação do espaço, pois, neste contexto, qualquer ambiente pode ser percebido como um território emocional. As entrevistas objetivaram investigar quais ações promotoras de saúde cada professor participou, sua percepção sobre elas, quais afetos emergem quando realizam as ações sugeridas pela escola e como percebem sua participação nestas ações. Os dados foram analisados a partir da análise de conteúdo, emergindo categorias temáticas*
Resultados: *A partir dos dados dos mapas afetivos surgiram diversos e reveladores sentimentos das professoras ao falar de sua relação com a escola entre eles a amizade, companheirismo e união. Afetos estes considerados como importantes para que a escola seja vista como um lugar prazeroso. Contudo, perceberam-se evidentes conflitos na relação dos professores com os estagiários dos cursos de graduação em saúde responsáveis pela realização das ações voltadas à saúde na escola. Eles não consideram o professor e nem a comunidade escolar e isso faz emergir sentimentos de exclusão e desvalorização.*
Conclusão: *Os sentimentos prazerosos pelo ambiente escolar não são suficientes para o envolvimento do professor nas ações promotoras de saúde pela maneira descontextualizada como estas são realizadas. O que representou um obstáculo para a participação dos docentes. Concluímos este estudo defendendo el aumento de las discusiones sobre lo papel de los maestros en las acciones de promoción de la salud en la escuela.*

Descritores: *Afeto; Promoção da Saúde; Educação para a Saúde; Docentes; Instituições Acadêmica.*

INTRODUCTION

Health Promotion⁽¹⁾ is a process that allows people to increase and improve control over their health and factors that determine it; it is a basic public health function that contributes to fight against communicable and noncommunicable diseases and other threats to the human health. Interventions and practices aim to promote health; they should stimulate a critical and reflexive analysis of values, behaviors, social and environmental conditions and lifestyle of the populations; they should also try to

strengthen what contributes to improve the health and the quality of the environment.

Among the five types of action proposed by the Ottawa Charter⁽¹⁾ for Health Promotion, the development of personal skills and autonomy of individuals stands out. To reach and understand these objectives, a theoretical and methodological framework has been constructed, within which it makes sense this research; the following aspects stand out: Health education is considered an important instrument of Health Promotion, we understand it as a set of strategies for teaching-learning of participatory and emancipatory character that empowers people to analyze and intervene in their environment, by developing attitudes and skills necessary to increase their ability to function, in order to achieve health conditions that leads to good health^(2,3).

In order to achieve those objectives it is necessary to reach out to the entire population, which means it is needed action in health literacy. If literacy means the ability to understand and express oneself correctly (through literary and written means, ideas, information and feelings), health literacy enables people to develop social, cognitive, procedural and attitudinal skills to gain access, understand and use information in ways which promote and maintain good health⁽⁴⁾.

The idea of life skills defined by the World Health Organization (WHO) and developed within the framework of the Health Promoting Schools in Colombia and the Network of Healthy Schools in Europe⁽⁵⁾, in the 90's, proposes the development of psychosocial and interpersonal skills that help people to: make informed decisions; solve problems; think critically and creatively; communicate effectively; build healthy relationships; sympathize with others; and manage their lives in a healthy and productive way⁽⁶⁾.

For all the above, the school is a perfect setting for the development of health promotion practices⁽⁷⁾, since in childhood and especially in school age is when are acquired and build the cognitive and motor skills that determine, most of the time, the future capabilities of being-in-the-world⁽⁸⁾. In addition, healthy young people are more likely to achieve their academic and social goals and are less likely to engage in high-risk behaviors⁽⁹⁾.

Furthermore, the political and social function of the school promotes, through educational processes, activities of diverse natures that extrapolating the school ground, reach the community space and favor intense interactions and social reflections on health which are necessary for development of competencies in health from the holistic and integral point of view that we support.

In Brazil, it is a challenge to work on Health Promotion, since the current health system does not really take into account the broad perspective that involves intersectoral integration and a comprehensive understanding of health as a social phenomenon that empowers individuals and the community also⁽¹⁰⁾.

Research and specific evaluations of health promotion in schools are a challenge since they are related to description of projects and interventions and or to training of health professionals, without taking into account the work of teachers in the educational context.

The teaching staff is fundamental in developing the proposal of health promotion in the school, since serve as a model for students and evaluates curriculum and programs. Besides that, it also generates knowledge, reflections and resources for the effective inclusion of health in the educational context⁽¹¹⁾.

The International Union for Health Promotion and Education⁽⁹⁾ pointed out that school health promotion programs are most effective when guided by key issues, such as the development of skills and competencies of teachers through their training and the provision of resources with which they can replicate in practice the theoretical training received.

However the following questions emerged: What are the affections of teachers on the school environment and health promotion actions? What aspects motivate teachers to participate in health promotion actions in their educational centers?

The affection is a reflection of relationships that arise in the course of people's stories and it goes acquiring meaning all along of their life⁽¹²⁾. That is to say, affection is formed from the interaction with reality, which generates, momentary, conscious or unconscious affective emotions⁽¹³⁾. The construction of a person's links with the world is mediated by the environment in which he lives, in which emotion, language and thought lead to action⁽¹⁴⁾. Therefore, we became the activities that we develop, the consciousness that reflects the world and the affections that love and hate the world, and with those we identify ourselves with everything that surrounds us⁽¹³⁾.

The affection is seen in this work as a category of analysis that "[...] offers, in addition to knowledge about the environment, the possibility of observing how individuals act and position themselves in their environment"⁽¹⁰⁾; this results from perception of a certain state of the body that obtains meaning by the consciousness⁽¹⁵⁾. Thus, affections are emotions that originate in the body and are perceived and acquire meaning by the subject. This constant and dialectical process comprises affectivity.

In the case of teachers the affection is built through the dialectic process between the teacher and the school. Affection can be obtained through the understanding of attitudes and perceptions that circulate in the educational environment. These affections favor or not their participation in actions that promote health.

Based on all of the above, the objective of this research was to understand affectivity and health promotion in the school through the construction of meanings by the teacher.

METHOD

This is an exploratory and descriptive study conducted with a qualitative approach that fits the purpose of understanding the perceptions and feelings of participants. In this study, the methodology used is based on the proposals of affective maps⁽¹⁶⁾ and semi-structured interviews. Affective maps allow overcoming the duality between cognition, affection and the representations of space, since in this context any environment can be perceived as an emotional territory.

Affective dimensions facilitate the understanding of existential territories of teachers, since they can promote changes in their attitudes, body, health and surroundings. These changes are based on the way of understanding how they are affected by the environment and on the readings they make of it, which leads them to adopt new conscious positions of oneself and the context in which they live.

However, the objective of this study was not to establish a linear logic between the teachers' affection with the school and their participation in health promoting actions. The aim was to map their affections in the education space and identify those that interfere in their participation in actions to promote health.

The study was conducted between June 2010 and January 2011 at the Yolanda Queiroz Application School in Fortaleza, Ceará, Brazil, which is an institution whose activities focus on the education of pre-school and school children in a situation of economic and social vulnerability. This institution also functions as a field of practice for undergraduate students at the Humanities and Health Center of the University of Fortaleza (UNIFOR).

This school was selected by its curriculum enriched with activities such as computer science, plastic arts, psychomotricity, dance and physical education. Also, the school receives a large investment because UNIFOR has a program of social responsibility and an extension for the health area; this institution sends health undergraduate students to realize their practices at the aforementioned school. Due to these characteristics the school has a great

influence in the practice of the precepts established by the WHO for a Health Promoting School.

Teachers were chosen as subjects of the research because their role is fundamental to obtain changes in the school routines that will favor actions that promote health, and because they contribute to overcoming ideological structures when they promote health and practices through educational debates.

The inclusion criteria were as follows: 1) to have at least one year of working relationship with the school, 2) to have direct contact with actions that promote health and 3) to show interest and willingness to participate. Out of twenty-five teachers, twelve met the requirements. However, only ten participated in the research, since two of them were excluded because they were sick and not working.

Participants were aged between 28 and 58 years. The time spent teaching varied between 6 and 19 years. All were women and most teachers (six) taught Portuguese, mathematics, natural and social sciences; others taught computer science (one teacher), reading for children (one teacher) and fine arts (two teachers).

The teachers were asked to draw a picture representing their school and to accompany it with comments about: meaning, affections arousing from it, comparison the school with some object, and school spaces more used by participants. The drawing analysis of each teacher and the comments constitutes his affective map. Thus, maps are constructs that researchers elaborate from data given by teachers (the drawing and its meaning are shown in Table II). To carry out this analysis, the stages contained in Table I were followed⁽¹⁷⁾.

The maps in this research were adapted with the purpose of understanding the affection existing between the teacher and his school environment, taking into consideration that the original research⁽¹⁷⁾ studied affects of people with regard to cities. This methodology was adapted and used in several studies on the affective relationship of subjects in environments such as: the city center of Fortaleza⁽¹⁸⁾; hostels and city for adolescents^(19,20); perception of nature by children from urban contexts⁽²¹⁾; home for elders⁽²²⁾, among others.

Semi-structured interviews were used to better understand the teachers' perception of actions taken to promote health and their forms of participation in them. The interviews were recorded, transcribed and performed within the school in a private room. The orientation questions were: a) health promotion actions in which each teacher participated, b) their perception of the action, c) affections when they carry out actions suggested by the school, and d) how they perceive their participation in those actions.

Construction of affective maps included the following aspects and stages: a) social characteristics of the participants (age, sex, working time in school, the subject they taught); b) the way to see, feel and represent the school, using colored pencils and crayons; and c) reflections on the school (oral expression on what the subject thinks about it). This step allows knowing the elaboration of metaphors and obtaining a summary of the understanding how subjects communicate their affection by the school environment.

It was chosen a thematic analysis that highlights two distinct processes to analyze the interviews: construction of categories and quantification of expressions⁽²³⁾. There are three basic steps related to thematic analysis: 1) Pre-analysis (directly related to the choice of documents to be analyzed); 2) analytical description (coding, classification and categorization processes); and 3) interpretation of inference (it consists in the establishment of relations between the reality that is lived and people).

This research was submitted to the Ethics Committee of the University of Fortaleza; it was approved with nº 10-319. To protect the participants' anonymity, the names were replaced by numbers that correspond to the order in which the interview was conducted. All participants signed the free and informed consent form.

RESULTS

From data of affective maps emerged diverse and revealing affections of teachers when talking about their relation with the school. Among them, friendship, fellowship and unity, which are considered important for the school to be seen as a pleasant place.

Teacher 1 (Table II) expresses friendship and fellowship present in that school, where each participant focuses on the goal of building quality education. Nevertheless, when talking about the drawing, it is clear his affliction caused by the necessity of spending most of the time of his life dedicated to teaching, which means a labor that requires a great deal of dedication.

Teacher 8 (Table II) expresses, in his map, the great value that the school has in her life, since he has donated 19 years of his life acting as a teacher in that place. His connection with the school remains strong, since he considers that place as his second home and the reason for his existence. With this same vision, the teacher 9 (Table II) made a drawing that represents the school as his family, where he finds a great friendship with their co-workers and integral projects, always developing improvements. The teacher 10 perceives the educational environment as a boat with irregular borders that must be fixed and that is flowing towards a harvest of good fruits, which are the result

Chart I - Stages of data analysis through the adaptation of the instrument created by Bomfim⁽¹⁷⁾.

Identification	Age, gender, working time in school and the subjects taught.
Structure	Drawings are classified in accordance with the cognitive apprehension of the space that expresses analogy, feeling or mood of the participant.
Meaning	Explanation given by participants about the drawing.
Quality	Drawing and school attributes pointed out by the participant.
Feeling	Affective expression of participants about the drawing and school.
Metaphor	Comparison of the school with something (by the participant) that has as function the elaboration of metaphors.
Sense	Researcher's interpretation about the articulation of senses and metaphors of the school, elaborated by the participant using other dimensions attributed by himself (quality and feeling).

of feelings of harmony and complicity among teachers; but, to protect children is required dedication and responsibility and also spend more time in school than at home.

This identification is based on the dialogue with the environment and construction of the place, which constitutes the process of appropriation⁽²⁴⁾. In this process, people (individually or collectively) identify their own territories, their knowledge, and their social relationships and at the same time, seek to satisfy their needs of belonging and identification⁽²⁵⁾.

Also, in this process affection should not be absent, since through it people attribute meaning to their actions; the emotional experience in a given place is based on the dialectic relationship between the subject and the environment, which generates a process of mutual transformation.

Therefore, with these ideas and as an example, we find that some teachers, in responding to the stimuli of drawing, define school as a family, as a sun in their lives, as a place of friendship and support, in which work is done in a peaceful environment, with union and love; that is how the working place is perceived in the drawings and speeches of the teachers 5, 7 and 3 (Table II).

The drawing of teacher 2 (Table II) shows the perception of school as a place of friendship, in which solidarity and unity among the teachers serve to protect the children. While preparing the drawing, this participant expressed his perception of school as a puzzle, where each piece is under the responsibility of a teacher and that part must contribute to protect children and build a better future for them.

However, teachers do not recognize themselves as people with health needs, well-being and opportunities to participate in actions to promote their own health; they do not perceive themselves as protagonists in the construction of an educational environment that should promote their own health, although they show great consideration for those who strive to improve the health of children:

"Health actions are very important for parents and students, since it is a way for students to become aware of disease prevention and learn healthy habits, such as good nutrition." (Teacher 1)


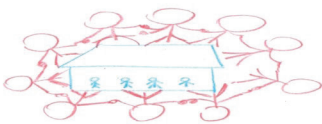


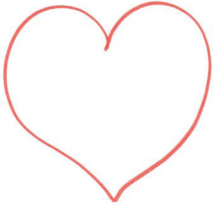



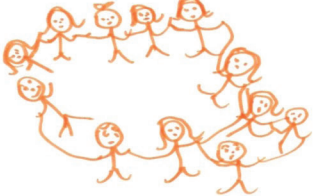

"I think it is valid, because students of the University bring information that we sometimes do not have. When something different appears, something new, students show more interest." (Teacher 4)

This seems to be due to the belief of some participants that the school should be oriented to the reality of children, which should serve the purpose of transforming the context in which the student lives and offer a world of better opportunities, including actions to improve their health.

In addition, in the school investigated, reports show that interventions aimed at improving health are carried out in an isolated way and with punctual actions by undergraduate students; they do not promote an exchange of ideas or decisions that could benefit the school community. The great majority of actions presented by the teachers as examples are interventions made by students of practices that are aimed at prevention of diseases; for example, theatrical performances to offer information on prevention of dengue, influenza H1N1 and request of diagnosis of psychological services. The actions taken, by school teachers to promote good health, are norms of personal hygiene; among them: collective bath, brushing teeth, washing hands before meals, hygiene of children with lice, and so for.

In reality, there is not health promoting actions but only preventive actions of diseases. This is an important debate in the field of public health, because several of preventive interventions are part of broader strategies that include promotion of health to attend specific demands of a context. Programs focused on a single problem have great disadvantages because they cause overlapping actions and multiplicity of efforts and resources⁽⁴⁾. In addition, it should not be forgotten that strategies on health literacy should not only addressed to individuals capacities of citizens, instead they should be contextualized in a concrete scenario

Chart II - Drawings representing the teachers (n=10).

 <p>Teacher 1</p>	 <p>Teacher 2</p>
 <p>Teacher 3</p>	 <p>Teacher 4</p>
 <p>Teacher 5</p>	 <p>Teacher 6</p>
 <p>Teacher 7</p>	 <p>Teacher 8</p>
 <p>Teacher 9</p>	 <p>Teacher 10</p>

considering that result from interaction among demands of different health systems and abilities of individuals acting in them⁽⁶⁾.

Actions oriented to prevent diseases must be carried out in a participatory manner; they should stimulate critical

awareness and create community participation strategies, not only to prevent diseases but also to promote health⁽²⁶⁾.

Nevertheless, in the studied school there are evident conflicts of relationship between the teaching staff and students, in the practices that carry out actions of health in

the school. The way they are executed represents the main problem for insertion of teachers in actions, since they do not consider the teacher or the educational community. The following statements illustrate this situation:

“They take the children and leave with them, we do not participate, we are mere spectators.” (Teacher 10)

“When the trainees arrive they do not coordinate with us, it is not a joint project with the teachers, it is their project and we are excluded.” (Teacher 7).

The proposal for promoting health in schools presents a great challenge, since the educational context is not perceived as a holistic space; the proposal for promoting health in schools presents a great challenge, since the educational context is not perceived as a holistic space; aspects such as environment, physical and emotional aspects of all, also must be considered. In addition it makes emerge, in the teachers, a feeling of exclusion and devaluation.

Participation in social movements is not only a rational process but it does not always lead to an increase in critical thinking; in the same way, the knowledge of legislation does not necessarily lead to participation in this type of action⁽¹²⁾. Even when a person acts in the name of the common good, the action implies the exercise of individual motivation, as a need of the ego, of desire and affection which are fundamental dimensions⁽¹⁰⁾.

The school studied appears as a simple receiver of sporadic interventions of the health teams, which are external to the educational community. This study is defined as a traditional approach, since it starts from an understanding of health as absence of disease which does not correspond to the concept of health promotion, instead it should be related to expectations and needs of the school context⁽²⁷⁾.

The International Union for Health Promotion and Education⁽⁹⁾ points out that health education actions in schools should not be sporadic, but constant, as part of a project involving all interested parties.

The school studied can be perceived as a possible environment for supporting proposals for health promotion; insofar it produces pleasant feelings in the teaching staff, which is driven by their affections. In this way teachers can commit to movements to transform the school into a space that is in constant process of improvement.

The bond with children and perception of their learning, the love of the profession, the sense of responsibility with work and the presence in the classroom, are factors that produce well-being in the teachers and incentive their participation and support to actions of health promotion. The feelings of pleasure are part of the salutogenic idea, because they lead to an increase of potentialities to avoid

getting sick; they intervene, in the spaces where people lives, in their capacities to overcome adversities and generate health⁽²⁸⁾.

The affections towards the school environment are not enough for teachers to feel encouraged to participate in the actions promoting health, this as a consequence of the decontextualized way in which they are carried out. Teachers are not integrated or participate in objectives and strategies proposed for promotion of health in the school, since these are carried out without taking them into consideration; this represents the main obstacle to encouragement and collaboration of teachers in actions developed by undergraduate students majoring in health. Teachers need to be recognized as key players on the sustainability of health promotion already mentioned. Teachers should be seen as agents that facilitate and incentive the learning process, since utilizing his relationship with students he can act as protagonist in their learning; thus, students can generate new knowledge and develop life skills and health competencies⁽⁴⁾.

FINAL CONSIDERATIONS

This research has taught us that friendship feelings, fellowship and unit of the teaching staff, are important for the school to be seen as a pleasant place. The bond with children, the love of profession, the sense of responsibility at work, influence the valuation of actions that promote health.

However, conflicts in the relationship between teachers and students in actions carry out to promote health and the way they are executed, represents the main problem for the teachers participation in such practices.

Thus, there is an urgent need for interventions to promote health in schools, in which the teacher should be protagonist and participate in implementation of strategies that enable the development of educational environments, related to this topic.

In view of the above, we propose to broaden the discussions on education and health promotion in schools, taking into account the work and the affections of teachers in that context.

We emphasize that this research is not conclusive and that other investigations are needed to give continuity and amplitude; thus, increasing the understanding of elements that lead to the construction and generation of health promoting schools.

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