"Community" and "lifestyle" are central concepts in health promotion. It is relevant here that "community" generally involves prescriptive definitions. By conditioning what a community should be, health professionals establish specific directions in health practices, according to their definitions. In addition, hegemonic proposals in health promotion tend to adhere to a concept of health behaviour by means of individualistic choices based on free will that may produce risky lifestyles, usually neglecting contextual factors.

One must consider that the traditional perspective of community seems to be changing. The constitution of modern nation states normally takes one of two paths: nationalist or liberal. In both processes, the fate of the orthodox communities is equivalent to extinction. The possibilities are vanishing for the existence of communities with high levels of autonomy, whether according to the nation as proposed by the nationalists or in the advanced liberal state, with individuals that supposedly detain high margins of personal decision making freedom and choice. The present notion of lifestyle seems to be close to this latter perspective and seems to be, in some ways, antagonistic to traditional ideas of community.

It is now possible to propose an interesting categorisation of communities. Ethical communities should imply long term commitments, established rights, and solid obligations so as to allow for planning the future. Above all, they should provide community guarantees for shelter, social support, preservation, and minimisation of uncertainties and insecurities in the face of the various risks involved in present day living. Aesthetic communities do not entail the weaving of ethical responsibilities among their members, with long term commitments. Aesthetic communities can also express themselves as an audience at a rock concert, in the midst of a crowd of football fans. Yet their ties lack consistency. They are inconsequential: they tend to come undone at the end of the spectacles and events that serve as the source for group recruitment.

Anyway, de-contextualised interpretations of current multiform communities and peoples’ way to carry their lives can be ideologically biased and insufficient to satisfactorily represent the determinations and intermediations involved in health promotion and prevention in many Western "contexts". Taking a critical point of view, it may be possible to consider other perspectives capable of overcoming fragile theoretical proposals and unsatisfactory practices in health/disease/health care/prevention processes.

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REFERENCE