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SECTION: ARTICLES

# For an epistemology of encounter: approaches to other thoughts and feelings in professional health education[1]

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## ABSTRACT

In industrialized countries, the predominant curriculum framework in university health courses refers back to a common origin, anchored in the scientificity representative of the hegemonic biomedical model. This educational structure provides the genesis of what is commonly known as the health crisis, in which procedures for intervention and medicalization predominate. Under these circumstances, proposed changes to the curriculum framework, centred on an extended health model, are currently being implemented. This essay aims to open up dialogue with teachers about the importance of the epistemological debate in enabling the emergence of other thoughts and feelings within the context of professional education, taking notions of the encounter and experiences of the sensitive as guidelines for new possibilities. We concluded that such change depends on an epistemic opening up to other paradigms outside the exclusive framework of scientific rationality, in which teachers play a fundamental role.

**Keywords**: Higher education. Health. Epistemology.

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## Para una epistemología del encuentro: aproximaciones a otro pensar-sentir en la formación en salud

**RESUMEN**

La arquitectura curricular de los cursos de salud que predomina en las universidades de los países industrializados se remonta a un origen común, anclado en la cientificidad representativa del modelo biomédico hegemónico. Esta estructura formativa está en la génesis de lo que convencionalmente se denominó crisis de salud, con predomínio de los procedimentos de intervención y medicalización Ante esto, actualmente se están implementando propuestas de câmbios en la arquitectura curricular, centradas en el modelo de salud ampliado. Este ensayo tiene como objetivo abrir un diálogo con los docentes sobre la importancia del debate epistemológico para el surgimiento de otro pensar-sentir en el contexto de la formación, que toma como pauta las nociones de encuentro y vivencia de lo sensible como guías de nuevas posibilidades. Se concluye que la formación mediada por el encuentro depende de una apertura epistémica a otros paradigmas fuera del marco exclusive de la racionalidad científica, em los que el docente juega un papel fundamental.

**Palavras clave**: Formación superior. Salud. Epistemologías.

## Por uma epistemologia do encontro: aproximações para outro pensar-sentir na formação em saúde

**RESUMO**

A arquitetura curricular de cursos de saúde que predomina nas universidades dos países industrializados remonta a uma origem comum, ancorada na cientificidade representativa do modelo biomédico hegemônico. Esta estrutura formativa está na gênese do que convencionou-se nomear de crise da saúde, com o predomínio de procedimentos de intervenção e medicalização. Diante desta constatação, propostas de mudanças na arquitetura curricular, centradas no modelo ampliado de saúde, vem sendo implementadas na atualidade. Este ensaio tem como objetivo abrir um diálogo com os docentes sobre a importância do debate epistemológico para a emergência de um outro pensar-sentir no contexto da formação, que tome as noções de encontro e de experiências do sensível como orientadoras de novas possibilidades. Conclui-se que uma formação em saúde mediada pelo encontro depende de uma abertura epistêmica a outros paradigmas fora do marco exclusivo da racionalidade científica, na qual o docente desempenha papel fundamental.

**Palavras-chave**: Formação superior. Saúde. Epistemologias.

## INTRODUCTION

Despite differences and peculiarities, the predominant curriculum framework in university health courses in industrialized countries refers back to a common origin, anchored in the scientificity representative of the hegemonic biomedical model (ALMEIDA-FILHO, 2011; ALMEIDA-FILHO, 2016). It is this educational structure – based on a fragmentary concept of knowledge, separated from the subjectivity (GUEDES et al, 2006), complexity and historicity of health problems, excessively interventionist and reactive – that is the genesis of what is commonly known as the health crisis in western countries and/or which responded to this development at the end of the 20$^{th}$ century. This crisis, multiple and complex in nature, involves epidemiological factors in addition to cultural and socio-economic ones, and is characterized by a mismatch between the demands of the population and the capacity of health systems, and, naturally, of their professionals, to deal with them (MEHRY, 1998; AYRES, 2004; LUZ, 2005).

In the context of higher education teaching in health, the hegemonic orientation towards the biomedical model, allied with the dissemination of a neoliberal education paradigm, have had important consequences for teaching work. Required to provide responses to the challenges imposed, teachers often favour technical issues and the instrumental foundation of teaching, thereby reproducing their own personal experiences of education in a fragmentary and objectivist manner (CAVALCANTI el al, 2011) that has a profound impact on their students' future professional practices. Under these circumstances, we understand health education, based on the hegemony of the biomedical model, to be a public health problem in itself. In this sense, it involves a range of other problems related to care, such as fragmented and mechanized practices, constituting a healthcare scenario in which intervention and medicalization procedures predominate, driven by market and capital forces. Further, it is essential to note the differential impact of the health crisis in low-income and subordinate countries, as is the case in Brazil and other Latin American countries.

Given this observation, changes to the curriculum framework of health courses, aimed at designing education projects better aligned to the complexity of the health phenomenon, are being implemented (ALMEIDA-FILHO, 2020). Such changes to the educational models of university courses may be understood at two different levels: the first provides an alternative to the dominant model of higher education, which is particularly aimed at training a specialized, technical workforce for the labour market, while the second level specifically relates to health education, as an alternative for addressing the hegemony of the biomedical model and all its consequences for the dimension of care (COELHO; TEIXEIRA, 2016).

In relation to this latter level, curricular innovations have been considered in line with the values and principles of the Unified Health System (*Sistema Único de Saúde*: SUS), however these have not been sufficient for promoting effective transformations to professional profiles (ROCHA, 2016). Moreover, these proposals are intended to incorporate the expanded model of health, central to the field of Collective Health, which recognizes the multiplicity and interdependence of the variables involved in the health and illness process, but which also recognizes that these do not end in the observation and apprehension of objective variables, but are mediated by symbols and kernels of meaning (BATISTELLA, 2007).

Notwithstanding the immense potential of opening up and transcending the restrictive nature of the hegemonic biomedical model, the expanded health model refers to the internal pluralism of science itself, in other words, it inhabits the paradigm of scientific rationality, despite broadening its horizons. Hence the importance of also reflecting on health education in the context of a pluralism external to this rationality, composed of other epistemologies, cosmologies, knowledge and practices outside the scientific framework. This position does not involve a devaluation or break with the knowledge created within the framework of modern science. On the contrary, recognition of this knowledge, both of its power and its practical aspects, also involves the need to critically debate its epistemological basis, constructing new signals that point to inter-rational dialogue or, as Boaventura de Sousa Santos (2010) teaches us, to an ecology of knowledge.

The epistemological debate appears therefore to reside in the essence of anti-hegemonic and emphatically hopeful education in the field of health, which allows for the entry of references, knowledge, practices and methodologies that, above all, inhabit the field of sensitive experience, for reasons that will be explained below. This text, then, is inspired and guided by a series of theoretical and methodological principles known as Epistemologies of the South (SANTOS; MENESES, 2010; SANTOS, 2018a; SANTOS, 2018), in order to critically analyse the dominant epistemologies in health and to present the category notion of the encounter within the epidemiological alternatives for other thoughts and feelings in the context of education in this field. In the same vein, it is also guided by references and debates from decolonial studies, understanding the imposition and dissemination of modern western rationality to be a consequence of colonization processes (QUIJANO, 1992).

Given this overview, the aim of this essay is to expand and deepen certain preliminary considerations about the epistemological debate in the context of health education and, as a consequence, to open up a potential arena for dialogue with teachers from the area about this issue. To this end, we begin by presenting the dominant epistemology in health, with an emphasis on the mismatch as a feature of this rationality. We will then address elements

that provide theoretical support for the perspective of health education referenced in the encounter and mediated by experiences of the sensitive. The intention, therefore, is to gather together preliminary developments about the notion of the encounter as fundamental to an epistemology that shifts the centre of gravity of knowledge about health, disease and care from an exclusively Eurocentric understanding of the world engaged in the hegemony of modern science towards the greater diversity that this could contain – including criticism of the paradigm itself -, recognizing the potential for the senses given the sterilization of existence.

## THE DOMINANT EPISTEMOLOGY IN HEALTH AND MISMATCH AS METAPHOR

The dominant epistemology or modern western rationality has been questioned and debated by epistemologists, philosophers and scientists over at least the last two hundred years of western history (LUZ, 1998). From Max Weber's concept of disenchantment of the world to Merleau-Ponty's criticisms of the suppression of the senses, through Spinozian ethics, there is consensus for the recognition of link to the cosmology referenced in Newtonian physics and Cartesian dualism, representing the turning point from the theocentrism of the European middle ages to the anthropocentrism of the classical age (LUZ, 1998; SPINOZA, 2009; PIERUCCI, 2013; SANTOS, 2018a). Along the way, we can see the distinct stages of modern rationality and its exponents: from Renaissance polymaths to figures from 18$^{th}$ century Enlightenment – utopian and hopeful about the miracles of science – moving on to the interventionist utilitarianism of the following centuries and aligned to the gradual professionalization of the scientist (BERMAN, 2007). Modern rationality is the birthplace of science[3] and consequently of its beloved offspring, biomedicine.

Modern scientific rationality is marked by fundamental divisions, for example the dualisms of subject versus object, nature versus science, mind versus body, reason versus senses-experience. Such dualisms engender a virtual neutrality by separating the cognizant subject from the object of knowledge, feeding a structural feature of this rationality, that is, placing oneself socially and symbolically outside and above interests (LUZ, 1988; SANTOS; MENESES, 2010). This dualist nature leads us to recognize mismatch as mark and metaphor of this rationality in how it relates to the world. Here, we take mismatch as a fundamentally methodological element of this rationality, in the development of lines that separate and enable the phenomena to be seen from outside and from above, from the zero point from which it – science – sees them (CASTRO GÓMEZ, 2005). Having mismatch as a mark and metaphor, the modern-rational paradigm refuses each and every reference – and reverence – to the different and to difference, from the outset viewing it as inferior, destined to occupy

[3] Here we are referring to the dominant paradigm in science, forged in the field of natural sciences.

the place of the object of knowledge and never that of an alterity with which one may dialogue, learn and experience the world.

If we stay within the world of metaphor, the notion of sterility well illustrates modern scientific rationality's *modus operandi*, which is centred on mismatch. Given that this rationality is not accepting, nothing, or almost nothing, from other centres of thought is born or created within it. On the contrary, modern scientific rationality, north-centric *par excellence*, enters, invades and colonizes. Guided by the movement of dissemination, it seeks to explain, categorize and intervene. Modern rationality cannot be attributed to contemplative and comprehensive movements of phenomena (Luz, 1988). On the contrary, its characteristic attitude is for the explanation, intervention and transformation of realities.

Another important feature of this rationality is incorporeal or disembodied reason. At this point, we return to Descartes (2005), who, in his classic *Discourse on Method (*DESCARTES, 2005), summarized the incorporation of reason in the face of the concreteness of the body and forcefully criticized the senses as aspects that betray, dissociate and distort objective reality. From this perspective, no valid science or knowledge can depend on the senses. Sensory reason, in the sense of modern scientific rationality is a non-Cartesian worldview, in contrast to enlightened and incorporeal reason.

This cognitive disembodiment reveals the extreme difficulty that the dominant epistemology has in dealing with the body beyond a mere object of research or territory for intervention. And, at this point, we inevitably think of a parallel with the field of health, in which the body has been, in the modern scientific framework, the body-object (dead, ill and contagious), removed from the notion of the living and moving body, full of senses and sensations (including, but not only, of suffering and pain). The senses and sensations were not therefore invited to the opening ball of modern science, but were blocked, blunted and neglected throughout their historical construction. As a consequence, this hierarchy of the senses has led to an impoverishment of the way that we relate to the phenomena presented to us, rejecting sensorial depth based on the intersectionality of experience (DUARTE JUNIOR, 2004; SANTOS, 2018a).

Another parallel with the field of health, and of education in particular, provides clues as to how the hierarchy of the senses (SANTOS, 2018a) significantly reduces the experience of the relationship between a future health professional and subjects or users of services. In this context, the eyes, representatives of the privileged sense of sight (CZRESNIA, 1997; SANTOS, 2018a), are trained to see the patient instead of the subject, the symptom instead of the suffering, the norm instead of the singularity. Along with hearing, sight holds a privileged place in the hierarchy of senses, trained for the "exercise of cognitive extraction and becoming, respectively, abyssal sight and abyssal hearing" (SANTOS, 2018a, p. 276).

Hardened by the instrumental logic of modern rationality, these senses were trained for eminently extractive perception; while smell, touch and taste were in turn relegated to subordination in the rationalist logic of the senses, as expressions of the wild and uncivilized (CZRESNIA, 1997; SANTOS, 2018a). Consequently, within this paradigm, hierarchy does not permit any given phenomenon to be addressed through a profusion of multiple senses.

In addition to the dualisms (cleavages) of the incorporation of reason and the hierarchy of the senses, another aspect that appears central to the dominant epistemology is individualism as a reference point for experience in the world. In other words, the subject who recognizes him/herself and thinks only they know their own reason, unhistorical and distanced from the world and its phenomena, symbols and meanings; an aspect that, for its part, is involved in a non-recognition of alterity and difference. In the field of health in particular, the objectification of subjects is an evident legacy of the colonial nature intrinsic to this rationality, present in the expression of the subordinate and subjugated patient. It remains evident that this rationality rejects the notion of intersubjectivity as a fabric for the production of knowledge.

However, in practice, an idea of knowledge without intersubjectivity sounds unfeasible (SANTOS, 2018a) and the process of epistemological decolonization is the basis for an opening up to knowledge that arises from arenas of exchange, mutuality and encounters. In this dialogue with the universe of health education, the pedagogies and methodologies that involve a production of intersubjectivity attempt to transpose the colonial logic intrinsic to hegemonic rationality and its reflections to educational contexts. In a conventional aesthetic of education, for example, the bodies of students do not touch each other, they are atomized, individuated, prostrate at their desks and on their benches. Movements are automated, predicable and regular. In an educational experience based on an epistemology of the encounter, the aesthetic employed gives rise to an ethic committed to the generation of intersubjectivity, which implies new aesthetic and ethical gestures in educational arenas, involving everything from their spatial disposition to the way they are inhabited, in addition to the epistemologies, pedagogies and methodologies that support the learning-teaching-learning process.

As Boaventura de Sousa Santos teaches us:

> Without the senses it would be impossible to warm up reason, as the Epistemologies of the South recommend, thereby generating the thoughts and feelings, the heartening that enables the world to be transformed into a universe conceived as a personal responsibility (SANTOS, 2018a, p. 276).

At this point, we consider it fundamental to reinforce incompleteness as the basis of each and every form of knowledge and indicative of how modern rationality has hidden an

immense range of realities and experiences, intending to be the one legitimate way of knowing the world (SANTOS; MENESES, 2010). In other words, the diversity and richness of knowledge and practices that emerge from various places (SANTOS; MENESES 2010; SANTOS, 2018a; SANTOS, 2018b) and arise from wasted experiences that are not considered legitimate, are essential for the creation of alternatives, of other possible worlds where the future may dwell. And this debate appears to be particularly relevant when aligned with the emerging challenges in the universe of health education, given the extent of its interference in all our lives.

## FOR AN EPISTEMOLOGY OF ENCOUNTER IN HEALTH EDUCATION

What we have very intuitively called an epistemology of encounter is located within the broader framework of Epistemologies of the South (SANTOS; MENESES, 2010) and therefore involves rationalities and a set of knowledge and practices that enable us to interpret the phenomena of the health-illness-care process outside the exclusive framework of modern western rationality, in other words, of the hegemonic biomedical model. Epistemologies of the South – for which the term south is not limited to a mere geographical orientation but above all to an epistemic one – form a series of epistemological and methodological interventions proposed by Boaventura Santos (SANTOS; MENESES, 2010; SANTOS, 2018a; SANTOS, 2018b), whose aim is to provide visibility for knowledge delegitimized by modern western rationality and to emphasize the need for dialogue between this knowledge and scientific knowledge, thereby relativizing its hegemony and legitimizing the epistemic diversity of the world.

In the field of health this task is invariably related to the relativization of the hegemony of biomedicine, which represents colonial power in this field. From there, it is possible to create the conditions required for dialogue and the emergence of other knowledge and practices, taking the encounter as a central aspect, considering its potential in the production of intersubjectivity and in the emergence of elements such as affectivity, empathy and sensitivity, for the creation of new grammars for healthcare, beginning with education, which is the basis of references for knowledge and practice. Recognizing the limits of science is, in this sense, also ensuring its existence, one involved in the pressing need for dialogue with other knowledge.

Once again, it appears essential to note that any and all proposals for knowledge pertaining to a plurality external to scientific rationality to enter health, does not in any way involve the negation of science or its contributions to human life and health. It therefore implies that this hegemonic knowledge must dialogue with other knowledge and experiences that help to overcome the limitations imposed by scientific rationality, especially in the context of

training future health professionals, in other words of people who will care for people. With the acceptance of other rationalities and cosmologies, particularly those that dialogue with the experiences of the sensitive, it is possible to subvert the hierarchy of the senses within ways of knowing. As a consequence, this can favour intersubjectivity in the construction of professional identities, contributing to the training of future health professionals with increased sensitivity and to the emergence of an ethical, effectively integrated and comprehensive attitude to the health-illness-care process.

An epistemology that pursues a perspective of the encounter in health must therefore welcome and promote rationalities that integrate and interrogate, that move forward and cause to move forward, that enable intercultural communication and the exchange of experiences and meanings; in other words it must be open to the encounter. The springboard for this is a recognition of alterity and difference, and the presence, along the educational pathway, of elements favourable to empathy, to subjectivities and sensitives, is essential. In the particular context of training future health professionals, promoting educational arenas that favour the experiences of the sensitive and knowledge of the body, learning through oral and bodily logic, appear to constitute an important strategy for an approach from the perspective of the ecology of knowledge (SANTOS; MENESES, 2010; SANTOS, 2018a), guided by the challenges of this field in particular. For experiences of the sensitive, we include aspects ranging from the valuing of the subordinate senses, such as smell, touch and taste, to the acceptance of a wider range of what we recognize as sensitivity and which invariably involves contact with artistic expressions and a view to the world that reveals its enchantments (DUARTE JUNIOR, 2004).

In this way, an epistemology of the encounter is anchored in the experiences of the sensitive and knowledge of the body, positioning these as alternatives for counterhegemonic health education; an epistemology of the encounter must therefore be corporeal, in critical counterpoint to the incorporeality of modern scientific rationality. So the body, this machine, this shield, like the one conceived by the dominant rationality, is the precise arena of anchor for the encounter. Faced with this recognition, conditions can be created so that, within the health education arena, the perspective of the weak and invalid body of diseases, the body of the organs and tissues of pathology, the dead body, the object of anatomy studies, can be overcome. Let us also think of the bodies of future health professionals: atomized in overcrowded classrooms, individuated, barely attentive to the collectivity of experience. It is a body trained to be an observer, never observed. Trained to be a barrier. A body that does not touch or, when it does, believes that it is exempt from sensation. A body that is not touched and does not expose itself. The recovery, therefore, of the living body in health education, of the body in movement, must be one of the objectives for an

epistemology of the encounter, but also for pedagogies and methodologies that nurture these aspects within the context of professional health education.

## FINAL CONSIDERATIONS

Reference to the experiences of the sensitive in counterpoint to the dimension of instrumental reason expresses within itself a decolonized perspective, given that it shapes a field of human and social experience systematically denied by modern western rationality. An epistemology intended for the encounter is, therefore, an Epistemology of the South (SANTOS; MENESES, 2010; SANTOS, 2018a; SANTOS, 2018b), given that the encounter with the sensitive comes from the field of experiences and knowledge subsequently considered illegitimate, since it is outside the aegis of hegemonic rationality. To paraphrase the poet Thiago de Mello (2000), the focus and motivation for writing this essay is that, beyond a new pathway or new routes to be taken, what may be new is the way we walk. In this way, it seems important to take the encounter as the basis for an epistemology that establishes a new way of walking in health education.

And how can we accomplish this perspective in educational arenas historically mediated by instrumental and objectivist logic? This is, without doubt, a challenge to be collectively overcome. And not only in the sense of multiple contributions, but also of contributions that come from distinct locations of experience. Thus, as Nilma Lino Gomes (2011; 2012; 2017) tells us, the opening up of the university in Brazil, and in particular of the public university, through the quota system, has provided an expansion of these places of experience with the arrival of epistemic subjects systematically excluded from university education. The encounter with these knowledge subjects must therefore also inspire and guide our teaching practices. The inclusion, for example, of subjects or curriculum components that address dialogue between Epistemologies of the South and the field of health provide a promising and necessary pathway. Being attentive to our choice of bibliographies, extending them beyond north-centric bias, must also constitute a horizon. In public universities, in particular, overcoming barriers and increasing the potential of the encounter between artistic and cultural university subjects, such as Dance and Theatre, and scientific health courses, could inspire a range of new pedagogical possibilities in the context of education.

In other words, promoting educational experiences that highlight, in both pedagogical practices and teaching-learning methodologies, an opening up to the diversity of experience, to knowledge and actions not legitimized by modern scientific rationality, particularly in its relationship with the universe of sensitive experience and sensitivities. Either through contact with local grassroots, endogenous and traditional health knowledge (such as the traditional medicine of indigenous people and quilombolas), or in the interface with other

coexisting medical rationales in the world, or even through contact with the popular songbook, dance, cinema, poetry and the multiplicity of artistic and cultural expressions.

Finally it remains evident that the challenges to incorporating these elements into the universe of professional health education are numerous - from institutional challenges to those related to the pedagogical political proposals of the courses themselves and, at the limit, to the challenge concerning the very rationality that supports the health field and that models the entire logic of teaching. However, we believe that it is the teacher him/herself who plays a fundamental role in this delicate and important fabric, as someone who, on opening up to a new field of experience, opens the windows to new possibilities in educational arenas.

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