

# Collective Health as a Social Science: Reflections on the Possibilities of a Comprehensive Collective Health

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## Abstract

Social interaction employs both verbal and nonverbal language. We investigate the confidence level and brain activity when verbal and facial expressions are inconsistent. Four volunteers stored images of eight individuals whose facial expressions were either agradáveis (smiling) or unfavorable (rejection) sozinhas or in combination with a verbal expression [positive / negative]. As a measure of their trust, the participants were asked to make a donation to the individual in the photograph who was in financial distress. The Visual Analogue Scale was utilized to evaluate positive feelings and self-assurance levels (VAS). After seeing the photos, Event Related Potentials (ERPs) are acquired in 170–240 milliseconds. Standardized low-resolution electromagnetic brain tomography was used to pinpoint brain activity under incongruous situations (sLORETA). The VAS values for the positive condition smile were substantially greater than those for the other conditions ( $p < 0.05$ ). For inconsistency between verbal and facial responses, namely the smiling negative condition, the offer was severely reduced. Under discordant conditions, the parietal lobe was more active on EEG than under congruent conditions. Incongruence [negative smile] evoked less positive emotion, confidence, and offer quantity. Our findings indicate that incongruent sensory input increased activity in the parietal lobe, which may be a result of mentalization.

**Keywords:** *Public Health, Epistemology, Understanding, Social Sciences.*



## A. INTRODUCTION

The historical kinship between medicine and public health has been implicated, for the latter, in the herança of epistemological traits typical of modern medicine, or that resulted in an attempt to address the health problems of the communities from two same ontological, epistemological and methodological assumptions of both sciences. natural from which the problems of medicine are studied. This tradition of analytical empirical thought entered the nineteenth century with the dreams of the Enlightenment as a banner, of more given to the bourgeoisie and with the objective of developing knowledge that would allow the domain of nature and material progress (Mardones, 1991).

Positivism, the dominant paradigm in medicine and modern science, had indicated the criteria of demarcation of what is considered worthy of science and what should be considered only speculation, poetry or rhetoric, leaving aside the problems that were irreducible to affirmations of experimental measurement and control. Under this égide, modern medicine assumes health and medicine as phenomena related to a mechanical, non-historical, analytical organism, which can be explained by laws that allow establishing relationships of cause and effect (erklären). From a positivist

perspective, health is reduced to *doença*, to the individual, to the plane of two empirically observed phenomena and to one-dimensional simplicity of a mechanically determined order (Breilh, 2006).

Public health was also forced to adopt such a model to explain the health of two human groups, assuming the metaphor of "collective organism", subject to a set of determining factors from two that can be explained, foreseen and controlled as its object of study. . . The success of medicine on the individual jobs generated a climate of optimism that led me to think about the possibility of founding a "social job", called public health, trying to explain the collective job as soma das individual jobs, and seeking the causes of the jobs what a outside the body machine, tending as a field of research and action or risk calculation and prevention of injuries (Ugalde, 2008).

In the mid-nineteenth century, a controversy arose between the sciences of nature and the so-called "sciences of the spirit", promoted, among others, by Wilhem Dilthey, who set out to base history and the other sciences that are related as home, since we are historical and social. The object of the sciences of the spirit will not be here that is external to the home (objective facts), but simply not the home that is inserted (Mardones, 1991).

This situation configures a new "geopolitics" of science, an organization of its territories, crossed by processes of colonization, attempts at independence and all kinds of struggles and tensions, in order to defend the epistemic identity of each domain of science. However, this geopolitics of science was just the lengthening of the gap between science and knowledge and the fragmentation of reality in disconnected objects of study that make it impossible to confront complex phenomena that go beyond disciplinary compartments.

While this experience of crisis had initially been a characteristic attributed to the social and human sciences - such as sociology and psychology, among others -, the natural sciences were also praised in their past years, and many of them are in process. review and discussion of their fundamental assumptions (Martinez, 2000).

Public health has faced a particularly intense struggle in the process of organizing its "scientific domains", given that its territories have been vigorously disputed, its borders hardly demarcated and its epistemic charter extremely erased. Public health built its territories in no place where there is an opening or gap between the natural sciences and the spiritual sciences and, therefore, no space for the intellectual world where the ground is more unstable and insecure. At the same time, the territory of public health has been governed by concurrent paradigms that widen the distance between the various conceptions of man and the world in an attempt to colonize the territory of the "health" object. And while the natural sciences and the social sciences dispute the legitimate citizenship of their object of study, the living conditions of individuals and human groups become increasingly critical in the voice of two scientists, each time more timid and inoperative.

Given the impossibility of reducing or knowing two problems of public health to mathematical explanatory models, it becomes essential to adopt comprehensive approaches that make it possible to recover the world of life as a horizon of

understanding of health, which was confused in the objectification generated by the discourses of traditional public medicine and health (Ugalde, 2008).

A question of the scientific conditions of public health is not just an epistemological question, but, above all, an ethical and political question based on an unconventional commitment to self-reflection that allows revealing the interests that are underlying the processes of knowledge generation and the possibilities offered by these knowledge in the transformation of social realities that freiam the individual and social development and that affect the health conditions of two human groups.

The objective of this article is to delineate the possibility of a comprehensive public health and its epistemological, methodological and ethical implications, in which the understanding is not assumed as an antinomy of explanation, but as a democratic alternative to address health - based on research and da prática - as a social phenomenon.

## **B. METHOD**

The way of understanding the object and responding to the formulation of the problem is through methods. The method used must be precise and be in accordance with the characteristics of the object of study and the nature of the research. Also, this study uses a qualitative descriptive method, or else, the data obtained will be described to understand and know the phenomena in the study. This method aims to understand the underlying meaning of human behavior. Also, qualitative methods are also used to produce in-depth data and obtain a comprehensive image. This research was carried out by the Library Research Institute, which is a research carried out through the examination of data sources in the form of books, articles, articles and other research results that are still relevant to the research object.

## **C. RESULT AND DISCUSSION**

The question of the scientific status of public health is linked to the nature of its object of study. While some authors propose the existence of a scientific public health, based on the existence of a defined object of study and a set of theories and methodological procedures for the development of their research (Cardona & Franco, 2005), others contradict this position and We affirm that there is not a single object of study for collective health, or that there is evidence of the coexistence of different currents (institutional current, Latin American social medicine, collective health, among others) and, therefore, we argue that collective health cannot be considered an autonomous scientific discipline, but simply as a field of knowledge and transdisciplinary practices (Gonzales, 2007).

In the Kuhntian perspective of the sociology of science, the existence of multiple objects of study denotes a state of immaturity, given the lack of agreement on the disciplinary matrix and the shared examples of a scientific discipline (Kuhn, 2019). Public health claims to be a science, following Kuhn's guidelines for the sociology of science, it must guarantee the unity of its object of study and,

furthermore, support epistemologically and methodologically the possibility of approaching this object "scientifically".

This obstinacy as a model of natural sciences traces with it at least one of two consequences for public health: the mutilation of its object of study and/or the definitive impossibility of becoming a science. The mutilation of the object of study refers to the intentional abandonment of a set of problems that cannot be faced according to the methodological foundations of natural sciences, or rather, those phenomena of a semantic nature that escape the possibilities of measurement, control, generalization and prediction. This process of "artificial selection" of its fundamental problems could lead public health to precisely define the limits of its object of study in order to meet the criteria of demarcation of positive sciences, but simultaneously it would lead to exclusion from a group of fundamental sciences. problems for the understanding of public health as a social and political phenomenon. However, or commitment to these problems of a semantic nature raises suspicions among those who maintain a naturalistic conception of science and question the possibility of affirming without hesitation that public health is an "authentic science".

Facing this crossroads, it is necessary to rethink the problem to overcome the extreme defense of a modern ideal of science, increasingly worn and weakened. Two considerations would allow us to redirect the problem: first, collective health has an object of study that defines its field of knowledge, but this object of study is a "plural object"; Secondly, public health finds new possibilities for realization in the field of social sciences to face problems that are unthinkable in the field of natural sciences.

When referring to "a plural object of study", reference is not made to many objects of study, but to a set of problems of a diverse nature that are articulated among themselves, not only because of their logical relationship, but also because of their political nature, social, and ethical relationships. Generally speaking, it can be affirmed that it is necessary to articulate two problems that make up the objective sphere of public health and the set of health conditions and two population groups in each particular historical social context (Cardona et al. 2008), taking into consideration the conditions of the objective world and the conditions of the social world and the subjective world. It is possible, for example, to carry out an epidemiological analysis to establish the factors associated with pregnancy in adolescence in an "objective" way, unless it nullifies the possibility and the need to address the phenomenon in a comprehensive perspective that allows the construction of meanings. around the experience of the body, the relationship with the other, the fatherhood and the motherhood, among others.

This plurality of the object of study of collective health is not the basis for affirming the impossibility of becoming a scientific discipline, but, on the contrary, it is an indicator of the inherent complexity of health-related phenomena, which cannot be reduced. for a single perspective. It is precisely the irreducibility of health to the natural continent of the globus intellectualis that gives rise to a new possibility: the presupposition of public health as a social science.

Or problem of understanding in public health

In the classic disjunction between the sciences of nature and the spirit, explanation and understanding are presented as two opposite and irreconcilable poles: the explanation constitutes the claim to account for the world in terms of laws that establish relationships between causes and effects for prediction and control. two phenomena (natural or social), in terms of understanding seeks to understand the meaning and importance of human actions

This distinction is supported by the idea that there are two different "orders" of reality: firstly in explanation it refers to an objective, material reality, determined by laws that can be logically expressed, that exists independently. do subject and that constituted the "natural world". On the other hand, understanding refers to a universe constructed subjectively and intersubjectively, in which there is nothing more than a network of meanings that emerges in the relationships of two subjects with themselves, with others and with things in a given historical context.

This dichotomy is so weakened by the other two many supports of modernity (body/mind, spirit/matter, quantitative/qualitative, health/doença). Between the social and the natural, there can only be relationships marked by distinctions, since the natural only exists at least as a phenomenon to the extent that it is pervaded by the language, in the same way that such language only becomes possible through the natural conditions. of an organism in a certain biochemical environment. "Understanding" is not a substitute for an explanation, not a lower or higher level of it; It is the possibility of making intelligible a set of problems of a semantic nature, which cannot be reduced to a formal explanation, nor can they be approached for two contexts as those that form an indivisible unit.

According to Gadamer, hermeneutic understanding is not just a method, as Scheleiermacher and Dilthey had proposed, but designates or way of being of the human being (Gadamer, 1994). To understand it, it is not a method for the knowledge of a hidden object, but a process that is assumed to be within the event of a tradition.

The understanding is a possible way of being able to understand those objects that were constituted before any theoretical intervention, or seja, objects that are structured symbolically, that embody structures of a pre-theoretical knowledge, elements of the "world of life" that are generated by meio da linguagem e da ação (Habermas & Redondo, 1987). The exposto is consistent with Granda 's assertion that "in public health we must interpret the actions generated by the structures, which in turn allow or limit their development. For this reason, we do not only need to explain the structures, but also interpret the actions" (Ugalde, 2008). The recognition of a symbolic structure of health as an object of study in the social sciences evidences the subjective aspects of meaning inaccessible directly through observation or experimental control (Habermas & Redondo, 1987) that constitute the support of beliefs, behaviors and representations around phenomena related to what is assumed to be "healthy" (relationship with the body as a symbolic construction, hygiene, relationship with institutions, educational guidelines, eating habits, etc.). Nessa perspectiva, saúde no e un "fato", but a symbolic construction, accessible only through the language, which escapes the analytical reduction in favor of a contextual reading

that recognizes historical, social and cultural particularities. two scenarios in which the subjects are born, live, interact, build their projects, "adoecem" and die. In this sense, Schütz affirms that the scientific constructions of the social sciences are built on the constructions of social actors and, therefore, are considered "second constructions" that must be adapted to the understanding of the "constructions of the first instructions" (Mardones, 1991). Likewise, health is not understood as an object in itself (objective), but rather as symbolic constructions of two social actors in health in the world scene of life.

Health is for the social researcher a "pre-interpreted" object, already loaded with meanings attributed by social actors. This particular situation implies in a hermeneutic double (Giddens, 1987), or *seja*, an interpretation on data previously interpreted by social actors. The data in the social sciences are not "aseptic", they are not "collected" independently of the researcher; On the contrary, the researcher is a participant in two processes of understanding two social phenomena and, therefore, must use the languages that he finds in his object field, since this is the only possible way of accessing the data [onze].

Say hello to a language problem

The Aristotelian definition of man as "living being endowed with logos" was maintained in the Western tradition on the idea of a rational animal; However, as Gadamer points out, the translation of 'logos' as "reason" or "thought" is insufficient, once the word 'logos' preferentially means "language" (Gadamer, 1994).

In the perspective of positivist science, more specifically in the context of the Vienna Circle, it was proposed a new logic of language that has the purpose of founding a language for science that is transparent, objective and strictly based on empirical reality. However, this claim to reduce language to a series of technical precepts increases the distance between science and everyday life and, paradoxically, dismisses as "absurd" problems related to meaning, or *seja*, as constructions *semán*. - Tactics that do not have an empirical correspondence, but a symbolic relationship with reality. Nesse sense, he affirms

Heissenberg (1974): "On the other hand, the logical analysis of the language brings with it the danger of an excessive simplification and of a certain unilateralism in the appreciation of the possibilities of the language. While logic creates a precondition for a scientific language, within which the uniqueness of meaning and precision of two arguments are reached, it does not offer, on the other hand, the descriptive capacity of colloquial language, which is much richer. of expression".

From a comprehensive perspective, everything that is human is human because it has gone through linguistic hair; a language is not a tool or a tool; It is the *sine qua non* condition of possibility of any process of human understanding: "Every process of inter-human understanding is a linguistic process, as well as the process of understanding itself and a linguistic fate, even when it refers to something extra-linguistic"

A language makes it possible for men to communicate their thoughts and build common concepts that enable coexistence, social life, economic life, politics (Gadamer,

1994) and, of course, their own science (it cannot be esquecer that the epidemiological data, not particular case of public health, it is also a form of language, passível de interpretação).

Walking for comprehensive public health requires a genuine dialogue between State actors, researchers and social actors, which allows us to understand the constructions of meaning and semantic references from two who think and age people, leaders and researchers who share as social actors or world gives life.

Many actions and research that are being carried out in public health have widened the distance between government officials and scientists, on the one hand, and social actors, on the other, from the needs and problems, as well as the ways of doing it, born in the portfolios of two public servants or in the classrooms of the universities, but there is no genuine dialogue aimed at understanding the constructions of meaning that direct the actions and thoughts of people in relation to health.

When the health professional is genuinely engaged in dialogue, he must be willing to transform his points of view from the conversation as social actors; You must be committed to your ideas in the same way that you are committed to the ideas of your interlocutors, to avoid importing your own arguments. Only in conversation is it possible to disfavor or block generated by attachment to one's own opinions (Gadamer, 1994).

The power and authority attributed to the researcher because of his knowledge and his place as "producer of true statements" will become the greatest obstacle to authentic dialogue with social actors. The assumption that scientific knowledge constitutes a "bem" that should not only be defended, but also imposed "in favor" of people and communities is the initial assumption of the alienation generated by an unthinkable science, which tries to colonize -saviar the world of life. As Gadamer states: "This same esteem constantly limits the critical freedom that is so admired by the researcher, invoking scientific authorities when it comes to political fights for power" (Gadamer, 1994).

Another aspect that distances science from authentic dialogue is the overwhelming enthusiasm generated by scientific "evidence". The evidence is the supreme criterion for making political, academic and professional decisions; It is the new face of the truth that bases many programs, projects and public policies on health, "investigating" the researcher or professional in contact with social actors to define needs and problems and to agree on two paths. to address them. According to Hernández, "public health based on evidence is the execution and evaluation of the effectiveness of interventions, plans, programs, projects and policies in public health by means of the application of principles of scientific reasoning, including the systematic use of data and systems of information" (Hernandez, 2003). The evidence constituted the "jádito", or that no one says, because in the evidence there are no concrete researchers, historically situated, nor concrete subjects, historically situated. It is a kind of oracle that is consulted and from which a response is received, but in the absence of any form of authentic dialogue. An uncritical attitude in relation to the

evidence and the antonym of the dialogue and the sentence of death or understanding, because, given the evidence "inquestionáveis", the social actors (and on many occasions investigators and public officials) did not have another option to not be or be silently and submissively follow the indications of the "oracle".

Theories of health only inhabit the minds of two academics and in their books and magazines, as well as public policies inhabit the minds of two governments and two documents that contain them, but the experience of health is built in the daily lives of certain men and women, and it is frequently separated from such theories and policies. It is necessary to reconcile the language of science with everyday language to overcome the unintelligibility of science [10], to generate constructive and performative dialogues between popular knowledge and scientific knowledge, without the interest of domination over or over.

Public health and practical rationality

The generation of theoretical knowledge that makes it possible to explain the phenomena related to health and education has been one of the tasks of public health as an episteme; or seja, as a domain of science. These theories seek, from an instrumental rationality, to reduce collective health phenomena to abstract formulations that give rise to an articulated, formalized and communicative knowledge, which is the one that circulates in scientific journals and universities and academic events.

Gadamer returns to the Aristotelian distinction between theoretical rationality (science) and practical rationality (phronesis) to aim at the relationship between the sciences of the spirit and ethics and politics, based on the concept of application. For Aristotle, theoretical knowledge is taught, transmissible, um –inalterável knowledge that rests on demonstration– (Gadamer, 1977) as practical knowledge refers to a moral knowledge, which only materializes in action and, therefore, does not can be transmitted. It gives the same form as the episteme or the same technology, since they are insufficient to guide human action, because they do not contain whether a principle is applicable to concrete situations. It is evident, for example, in the case of modern science, that it managed to control with its own logical relationships, but it was not capable of controlling the ends of the years that this knowledge was applied, as was clearly stated since Hiroshima; The rational application of our knowledge is possible from our human and global political capacity (Gadamer, 1977) of a practical rationality that allows us to guide our actions ethically and politically.

Affirming that public health is a –moral science–, not Gadamer's sense, does not imply giving up the theoretical effort that we have been making, but rather constitute an alert for the urgency of advancing in the updating of these epistemic productions, based on an ethical and policy that makes it possible to guide the action of men and women towards more dignified health conditions, based on a better understanding between the actors committed to health care for two human groups. Along with phronesis, understanding appears, as Aristotle points out, once we can only fail to understand when a change has not been reached for the full realization of the situation in which the other ates: phronesis and understanding cannot be

understood as knowledge general, but as something concrete and temporary (Gadamer, 1977).

The ethical and political commitment to public health is not reduced to a paternalistic action of intervention on passive objects, carried out by officials of the State and science who claim the power to determine or that is convenient for the people. The health worker of the 20th century emerges as a normative technician who, under the power of the State, undoes its normative technical arsenal to control the wild functioning of nature and human behavior and advance towards a world of health and rationality (Ugalde, 2008). Or practical knowledge, on the contrary, it was only constituted as ethical knowledge when it allows and promotes or develops the autonomy of people and two human groups, and generates all the necessary conditions so that they assume the place of deciding, responsibly, on or about themselves. own life and health.

Only practical knowledge, in application, is possible to communicate between the world of science and the world of life, and this sense or ethical and political commitment of the researcher in public health is not restricted to the generation of knowledge, but to its application, no Gadamerian sense of updating the tradition and the current horizon of the interpreter: "The task of the moral decision is to be right or right in a concrete situation, either to see or to correct and to do. Além disso, who morally must make use of something and choose the appropriate ones, and their actions must be oriented in a reflexive way as to crafts" (Gadamer, 1977).

As Granda states, it is necessary to move from a normative health technician to a health worker interpreter-caregiver and mediator, who can interpret the constructions of meaning of two social actors in their daily lives, develop actions aimed at promoting health care and what makes strategic mediation between the scientific, political and economic powers to improve health and living conditions (Ugalde, 2008) as the ultimate goal of any action in public health, be it research, politics or professional. From assepsis to asceticism: the researcher's horizon in comprehensive approaches to public health

Cartesianism, and with modernity, inaugurated a tradition in which scientific knowledge became the royal road of access to truth, if the subject had to be altered or modified: "The subject acted on the truth, more than the truth to act on the subject" (Foucault, 1994). The ego of Descartes's philosophy is an impessoal ego, a thing that thinks (Descartes, 1904), a desubjectified subject. Modern science tries to objectify tradition and also aims to systematically eliminate any influence of the horizon of the interpreter in his understanding, or he wants to remain independent of any subjective application in prol of his methodology (Gadamer, 1977). It is about making the knowledge more objective, to the exclusion of the subject is not only possible, but Necessary: this suppression of the subject and its substitution by method meant a passage from asceticism to assepsis.

The modern ideal of objectivity is incessantly sought to maintain aseptic scientific knowledge to avoid its "contamination" with any type of interest; However, as Habermas made clear, all knowledge is inseparably linked to an interest, and the

denial of this symbiotic condition between the two of you is nothing more than an attempt to scientifically protect the two risks that it carries. self-reflection (Habermas, 1997). This self-reflexive practice is an ascetic practice, or *seja*, an awareness on the part of the researcher two cognitive interests that are underlying him and also two political, economic or social interests that, consciously or unconsciously, permeate his research.

Approaching research from an ascetic perspective, therefore, implies a reintroduction of the researcher as a subject participating in the research, and not just as a qualified operator of the scientific method: "Understanding is not so much a correct statement from a point of view, as a transformation in a *comunhão* in which we do not remain as we were" (Saenz, 2001). In the same way, action in collective health implies a process of construction of subjectivity for the researcher, passing through a subject of life, an epistemic subject, depois a public subject to be reconstituted and, finally, as a subject of life committed to a necessary move (Ugalde, 2008).

In social research, the researcher cannot renounce the pre-theoretical knowledge that she possesses as a member of the world of life, or she cannot renounce her own world of life, because this is inherent in any process of understanding (Habermas & Redondo, 1987). Habermas proposes or rescues a first person position that, through an intersubjective relationship with a second person, adopts a non-objectifying position (as a third person position), plus a performative attitude: "A symbolically pre-structured reality constitutes A universe that must be incomprehensible can only be smelled for it like the eyes of an observer incapable of communicating. The world gives life is only open to a subject who makes use of his linguistic competence and his action competence" (Habermas & Redondo, 1987).

To understand collective health, it is possible for the researcher to assume himself as a participant in a shared horizon with the subjects and human groups in which a complex pattern of social, cultural, political and historical relations is woven. a *saúde* as a semantic universe. A comprehensive perspective, or the collective health researcher assumes himself as part of the observed reality and, in the same sense, necessarily adopts an interested position that must become a compromised position: the ultimate meaning of a comprehensive approach to two public health problems must be The researcher's conviction that the meanings attributed to health, care, life, death, poverty and other categories of interest to discipline can be transformed (resignified), operating from disso transformations in ways of life and in the material conditions of existence. The question of subjectivity, recently introduced in public health, has allowed us to understand the importance of this perspective for the strengthening of the subject of action and for the construction of an alternative symbolic power, even if it is not possible to advance truly emancipatory (Breilh, 2006).

#### D. CONCLUSION

With the purpose of a comprehensive public health we do not have a colonizing purpose of inscribing public health in two continents of the intellectual world, but

rather a democratizing purpose in that the problems related to the world gives life, to those who enter into complex companions of the sense not which health arises as a social construction can be taken into account as legitimate problems of scientific knowledge, under different assumptions of positive science. Comprehensive public health does not constitute an antinomy of explanatory approaches, but advocates or acknowledges the complex nature of the object of study "health", which becomes unattainable from a single perspective; Therefore, for this purpose to be fulfilled, it is necessary to generate strategies that enable the convergence of these perspectives and not simply a collection of methods that perpetuate the fragmentation of two problems. In the first place, it is necessary a new ethical commitment of two researchers that makes it possible to recognize and legitimize the various knowledge approaches and establish constructive dialogues around two public health problems. It is not possible to continue conceiving the population and nature as objects, but rather understand them as subjects and generate new scenarios of dialogue (Ugalde, 2008).

The introduction of a comprehensive perspective to face public health problems does not only imply a methodological change and the introduction of new logics for the understanding of the research process, but also introduces a new form of relationship between researchers and interested parties. From the authentic dialogue, from the acknowledgment of the active role of two social actors in the construction of meanings around health and the reflective and practical attitude of the researcher who assumes himself as a partner in the world of health. Vida dos atores sociais e who, therefore, appears as a committed actor. From this point of view, the expertise does not constitute the private property of the researcher or the health worker, who based on their knowledge has the power to define what is good, fair and adequate, but the expertise is an emerging condition of the relationship between Dialoguing subjects that can share and transform the meanings attributed to their individual and collective experiences in the context of intersubjectivity.

This comprehensive perspective has brought with it new demands for the training of professionals and researchers in collective health. It is not enough with an instrumental training that equips the health worker with a technical arsenal, but rather a "training of an attitude" for an authentic dialogue, empathetic listening and sensitivity that allows that fusion of horizons that is or scenario possível of all or understanding. This formation is possible through a permanent process of reflection and criticism that aims to transform our way of cognitive relationship with the world, generally crossed by an early and generally intense exposure to the inherited tradition of science (Guba & Lincoln, 2002).

Given the worrying health conditions of human populations, an ethical and political commitment from academics and public health professionals with practical knowledge is urgent, a knowledge that is specified in the possibility of generating transformations in human action. that promotes people 's autonomy, that gives a voice to social actors, that denounces the social contradictions that affect health and that makes knowledge an instrument of social transformation.

It is worth highlighting the lack of understanding of two professionals about the concept of social and family matriculation described in the documents. It is not problematized, just attributed as the centrality of the family in the Social Assistance Policy. It is important to consider that the principles that cover Socio-Family Matriculation make it possible to understand the reality of two subjects and to know the ways of resisting and facing the expressions of the social question that are inserted.

It is worth noting that an instrument that must be used for the implementation of the Social Assistance Policy is the articulation and integration between the sectoral policies, acting in an articulated and integrated manner, contributing to the exchange of knowledge and providing a solution to consider all the problems. Two users, they say, that their problems are not treated in a fragmented way by means of disjointed actions that hinder their social inclusion, breaking with a culture present in national politics, marked by welfare, patronage and paternalistic actions. The sectors must dialogue, meet and build forms of joint action that enable improvements in the living conditions of families, mainly those in situations of vulnerability and social risk, access to benefits, services, programs and projects that integrate SUAS.

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