

Special Editorial

Producing Knowledge at the Interface between Social Sciences and Public / Collective Health¹

There is a growing feeling of unspecific malaise in our society which is systematically being translated as health problems. Questions of an essentially social nature are being placed in the field of health, and find there, many times, a place socially recognized and legitimated for their solution. So it happened with chronic or acute illnesses related to the violence of work, or the suffering of children, youngsters or elderly related to social and generational abandonment, for instance. These illnesses, caused by such complex individual or collective situations, instead of evoking solutions through social policies, find in the field of health sciences the perspective of some type of resolution. In the form of medicalization of social aspects, this malaise produced by contemporary society is being “expressed in terms of ‘health’ and, in great part, in terms of ‘collective health’” (Luz, 2011, p. 25).

There are intrinsic limits of traditional health disciplines in covering the totality of the phenomena of life and, in them, the situation of human illness and suffering through biology, physics and chemistry. This fact increasingly urges social and human sciences to work in cooperation to the health sciences in this context, creating a scenario that is causing changes in the very field of Social and Human Sciences in their Departments and Institutes. There, it is each day easier to find health themes, particularly in post-graduate production (Canesqui, 2011).

However, the scenario in which social and human scientist *strictu sensu* (those who are not in the health field) move has not changed: they still don't recognize this production as belonging to their field,

in a permanent tension between the production of social and human sciences in health and the production about health in social and human sciences. As Amélia Cohn says in her article, “there is still a dichotomy, in the academic field, between social scientists that study health as its object but militate in the exclusive arena of social sciences, and those who do the same, but militate in the field of Public / Collective Health”.

This theme was also approached in the papers of Regina Giffoni Marsiglia and Maria Cecília de Souza Minayo when they discuss knowledge production at the interface between social sciences and Public / Collective Health.

The papers help one to identify their similarity in approaching this theme, even if their differences and rich contributions persist. Issues come up in the tension between the production of social and human sciences in health and the production about health of social and human sciences, related to health as an object, to the multidisciplinary of the field of health and to the tension between theoretical knowledge and its applicability.

The three authors seem to agree regarding the complexity of the object health-disease, which is intelligible to the whole universe of human life and constructions; this is why it assumes a central position in societies and deserves a specific regard of social sciences, under the multiple configurations of researchers' points of view.

The nature of this object in the vast field of health also involves multidisciplinary, as it should be, and distinct articulations among disciplines: not only those from social and human sciences, but between them and those from natural sciences, information sciences and others. Task evidently complex, particularly when one considers the contemporary epistemology scenario, of profound dilution of discipline borders established in the 19th century. Such tensions are so deep that they reach, in some circumstances (depending also of the approach to the object health and of the place where the rese-

¹ This special editorial celebrates and propagates the ideas in debate at the workshop of thematic discussion “Producing knowledge at the interface between Social Sciences and Public / Collective Health”, promoted by the editors and the editorial board of *Saúde e Sociedade* Journal, in March 2012. Three articles, by professors Amélia Cohn, Maria Cecília de Souza Minayo and Regina Giffoni Marsiglia, present their exposures at the workshop as a dossier.

archer is in), a paradigmatic feature, destabilizing established scientific milestones.

The place of social and human sciences in health also incorporates the tension between theoretical knowledge and its applicability, one of the difficult tasks faced by Social and Human Sciences as produced in their departments and Institutes - the permanent challenge of commitment of these sciences in engaging in the solution of the problems found. However, this intellectual practice, many times seen as minor and having low theoretical density, asks for the permanent effort of constituting an area of critical scientific knowledge.

Given the current scenario of social sciences, which are perched upon a more and more opaque reality, as says Amélia Cohn, maybe the effort of applicability is the one that has instigated social sciences in health to perceive new problems and approaches to phenomena, processes and social relations.

Other questions common to the articles of the dossier are related to the methodological construction of this scientific field, to the tension between quantitative and qualitative techniques; to the presence of empirism and the challenges that come from scientificity in knowledge production.

In this perspective, Amélia Cohn indicates as inaugural principle the observation that Social Sciences face the consequences of having health as focus and object, since this situation has delimited them as field of knowledge, with a strong contribution of empirism and a specific cut out of reality. She observes, from this premise, that methodological approaches offered by Social Sciences propitiated the construction of their own identity, marked by multidisciplinary production, strongly empirical and focused on intervening in the reality of health. Multi and interdisciplinarity are attributes highlighted also by Regina Marsiglia. She describes the field as characterized by epistemological tensions, as having characteristics of interdisciplinarity without a single theory that explains its whole object of study. The lack of a single theory is not only expected, but also desired, as the field of Public / Collective Health, at the interface described now, encompasses researches and studies in the great areas of Social Sciences - Sociology, Anthropology

and Political Science, besides many subfields: this by principle prevents the delimitation of a single theoretical scope.

In her article, Cohn identifies a false dichotomy between qualitative and quantitative methodological options created in the process of capture of social sciences by the field of Health, which still persists. In order to adequately incorporate these techniques, the field of health has to carefully distinguish the limits and explanatory possibilities of each one of these approaches to reality, searching for a dialogue that allows to respect (this is an imperative!) their specificities. Otherwise, a *methodological patchwork* will be installed.

The legacy of social sciences in knowledge building, strongly epistemological, is also highlighted by Cecília Minayo. She points out that their characteristic disciplines, methods and borders, marked by interdisciplinarity, were inherited as part of their epistemological contribution and determine the process of knowledge production: borders that used to separate health sector fields of knowledge became more and more diluted. Minayo alludes to the importance given by *Giddens and Turner* to the falsely dichotomous positioning between the empirical vocation of Social Sciences versus their analytical, theoretical character. *Giddens and Turner* did not reach a consensus about it, but the recognition of these dichotomy forces one to think about the theoretical and methodological shortage that is seen in some field researches.

As for Marsiglia, who produces a timely synthesis, Social Sciences were brought in by Health to discuss concrete, specific situations, to be applied to phatic problems. Besides creating a new field of knowledge in this interface, they provoked a certain *estrangement and discomfort* in social scientists that made the passage from the strictly theoretical knowledge towards *concrete prescriptions for action*. In other words, the challenge of using social theory, partially produced in high levels of abstraction and generality, in the analysis of real, concrete processes and unique historic and social realities.

Marsiglia also says that from the Sanitary Reform up to the construction of SUS - as a universalistic policy - a new challenge came up. It lies in the lack of a Social Sciences' autonomous agenda of research

and knowledge production regarding the dynamics of health in formulating public policies. This lack of autonomy results in technical subordination to the object, in a tendency of the social scientist to become an ideologist when producing knowledge in the field; or, still, in a lack of critical assessment of knowledge production in the interface between Social Sciences and Public Health, as says Amélia Cohn.

Regarding the methodological aspects of delimitating objects for investigation and themes for discussion, Minayo points out that the questions raised by Brazilian reference authors in the field of Social and Human Sciences in Health are still valid and present nowadays. Their legacy has been assimilated by the new authors, which she names as *the third generation of social scientists in the field of Brazilian health*, and is present in production of scientific articles also on the definition of methodological approaches to the object - such as the relationship between structure and object, or the role of the subject in history, the social structures, culture and social representations.

The workshop that induced these presentations - transformed in articles for this number of *Saúde e Sociedade* - was motivated by the question "Which would be the emerging themes in health that challenge the contribution of social and human sciences in the field of Public / Collective Health?"

More than themes, the authors speak about challenges. Marsiglia says that the themes may be at the same tracks from the beginning of the 1980's, and considers that questions that were emerging by that time have become central today.

For Cohn, the search for emerging themes depends much more of the social scientist's regard to the traditional questions than of the very tools of social sciences. An innovative approach is necessary in order to identify the new phenomena and questions, open to new perspectives without disowning

the classic authors in social sciences. She admits, however, that the very agenda of Public / Collective Health nowadays is in need of creativity, and that public health policies need innovation.

Minayo comes up with data that indicate a widening room for publications presenting the production of social and human sciences in health journals, and highlights the importance of considering the international impact of these publications.

Social sciences in health are devoted to an object which is both intelligible to the whole universe of life and of human constructions and inseparable of realities and historical and social contexts. In this scenario, they seem to defy not only the field of health but also the one of social and human sciences, in their very headquarters. That's why it is possible to agree with Loyola (2012) when she says that the place of social and human sciences in health could not be anything but central.

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