

Collective health and social psychology of praxis: an interdisciplinary path for meta-formation in graduate studies

Saúde coletiva e psicologia social da práxis: um caminho interdisciplinar como metaformação na pós-graduação

Ianni Regia Scarcelli¹, Mariana Fagundes de Almeida Rivera¹, Ana Carolina Martins de Souza Felipe Valentim¹, Nayara Portilho Lima¹, Aline Almeida Martins¹

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ABSTRACT This article is based on the understanding of interdisciplinarity as a way to act against the fragmented visions present in the processes of knowledge production and socialization. The objective is to share reflections that problematize interdisciplinarity from the experience of graduate academic training in a research group whose members have diverse training and professional fields and focus on the relationships between public policy, health and human needs. The reflections were based on issues that emerged during the group's systematic meetings, and the group was understood as a theoretical and methodological strategy, and was sustained by the dialogue between collective health as a field of knowledge and practice, and the social psychology of praxis, formulated by Enrique Pichon-Rivière. The articulating axis of this experience is training in its broadest sense, manifested on the principle of the inseparability of (i.e., learning-research-doing) and as self-training in a mutual process of reflective teaching-research-outreach action, of learning how to learn. In this sense, it is argued that it is a meta-training that can only take place from the perspective of knowledge dialogues and interdisciplinarity.

KEYWORDS Collective health. Social psychology. Group processes. Education, graduate. Health human resource training.

RESUMO Este artigo parte da compreensão de interdisciplinaridade como modo de operar face às visões fragmentadas presentes nos processos de produção e de socialização do conhecimento. Objetiva compartilhar reflexões que problematizam a interdisciplinaridade a partir da experiência de formação acadêmica na pós-graduação de um grupo de pesquisa cujos integrantes expressam diversidade de formação e inserção profissional e se debruçam sobre relações entre políticas públicas, saúde e necessidades das pessoas. As reflexões foram elaboradas com base em questões emergentes nos encontros sistemáticos do grupo, que foi tomado como estratégia teórico-metodológica, e sustentadas a partir do diálogo entre saúde coletiva, como campo de saber e de prática, e psicologia social da práxis, formulada por Enrique Pichon-Rivière. O eixo articulador dessa experiência é a formação em sentido amplo que se manifesta pelo princípio de indissociabilidade ensino-pesquisa-extensão, i.e., aprender-investigar-fazer, e como autoformação em um processo mútuo e de ação reflexiva, de aprender a aprender. Nesse sentido, argumenta-se que é metaformação e só pode se dar na perspectiva de diálogos de saberes e interdisciplinares.

PALAVRAS-CHAVE Saúde coletiva. Psicologia social. Processos grupais. Educação de Pós-Graduação. Formação profissional em saúde.

¹Universidade de São Paulo (USP), Instituto de Psicologia (IP), Laboratório de Estudos em Psicanálise e Psicologia Social (Lapso) – São Paulo (SP), São Paulo.
iannirs@usp.br



Introduction

In this work, we share the reflections of a study and research group that, by problematizing training in an interdisciplinary perspective, establish a dialogue between the field of collective health and the social psychology of praxis.

Collective health involves a great debate. We approach the understanding that qualifies it as a field of knowledge and practices by articulating different kinds of knowledge and proposing significant changes for health from a critical understanding. Regarding knowledge, collective health is based on a broad and complex approach that involves different disciplines in its emergence. As for practices, collective health guides actions, not only in the health sector, but also in organization and work processes, reorientation of care, engagement with ways of life and relations between people in the social context, among others. In this way, it becomes possible to expand the field of action beyond the biomedical paradigm and pathologizing tendencies that privilege the view of illness and neglect health as a process resulting from material conditions and a set of factors that reveal social inequality, mechanisms of oppression, ways of life, and subjectification.

Since collective health is situated between science and politics in the Brazilian and Latin American context, and requires a close dialogue between different disciplines and ways of knowledge, it represents a unique production that allows the development of important concepts and principles in the face of the fragmentation of human knowledge, with its antinomies related to politics, action on the territory, and subject's ways of living.

However, we know that the task isn't easy and that there are many challenges in proposing new conceptual frameworks and possible directions for practice. This includes addressing educational processes that emerge from critical and ongoing reflection on the health situation as it relates to and is embedded in the historical, social, political, and economic context.

In terms of education, it is interesting to note that the term 'collective health' was introduced in Brazil in the late 1970s during the first national meeting of graduate programs, which brought together the programs of social medicine, prevention, community health, and public health. As Nunes^{1,2} shows, the evolution and history of graduate studies in the field is relevant and can be enriched by the contributions of graduate programs that are open to the problems and references from the field of public health and enter into a dialogue across disciplinary boundaries.

Social psychology, in turn, like collective health, constitutes itself as a hybrid subject located at the intersection of several fields. Its specific problem is defined and described as a field of boundaries, limits, filters, and passages³. The social psychology of praxis highlights the complexity of the confluence of fields, disciplines, and practices that are interconnected in the way they act, think, and see the world, and that support praxis to sustain dialogues that are open and allow for movement, as open circuits.

This social psychology formulated by Enrique Pichon-Rivière was woven on Latin American soil from the dilemmatic experiences of the author who, as heir to the French and Guarani cultures, was forced from childhood to integrate the heterogeneous and bring together the different. When he became an adult, he processed the multiple experiences of contrasts and contradictions and translated them into a method of scientific analysis of reality that foregrounds the interconnectedness of phenomena and takes into account the complex and contradictory character and the search for this contradiction in all things, including human thought. He developed a method of working and learning that's characterized by heterogeneity and contributes to the interpretation of reality⁴.

Pichon-Rivière (1907-1977), who graduated in psychiatry and was one of the most important pioneers of psychoanalysis in Latin America, defined himself as a public health

man, a public health physician, and a social psychologist, developing his work from the understanding that health is built communally, collectively constructed⁵. His many years of experience in psychiatric institutions and his various assignments allowed him to develop a criterion for health and important issues in the field. He strongly pointed out that there's an apparatus of domination in our society that ultimately serves to maintain the relations of production, that is, exploitation. This apparatus includes health workers as bearers of a hierarchical, authoritarian, and dilemmatic conception of behavior, so that professionals become leaders of resistance to change when they make people who need medical care believe that they are 'wrong', which can put them in a situation of chronicity⁶.

In the course of this construction, two closely related theoretical aspects stand out, even if they start from different levels of generalization: the 'conception of the subject', which considers the historical-social, symbolic and cultural orders as specifically human and a 'criterion of health', also called active adaptation to reality or learning, a means of analyzing the forms of relation of the subject to the world, the constitutive relation of subjectivity. Learning processes are the subject of a systematic study, understood as a psychological process and social phenomenon, based on a methodology that takes into account the occurrence of obstacles in the relationship between the knowing subject and the object of knowledge.

Considering these perspectives, in this article we would like to share the reflections and questions related to an experience in academic education that problematizes interdisciplinarity as a way to act in the face of the fragmented visions present in the processes of knowledge production and socialization. These questions, developed in dialogue with undergraduate and graduate students in a research group in two graduate programs, come from the field of collective health and related areas, particularly social psychology.

This group includes undergraduate and graduate students, researchers, and professors from various fields, as well as public service professionals in areas such as health policy, education, culture, and justice. In this way, the potential theoretical-practical extensions for both fields in the encounter between collective health and social psychology will be reflected.

The mentioned experience has been developed in two graduate courses involving students from different fields of knowledge: 'Social Psychology' to obtain master and doctoral degrees in psychology in the research line 'Politics, Collective Health and Social Psychology' and the professional master program in 'Interdisciplinary Education in Health'.

Although these aren't graduate programs in collective health, part of the topics developed are based in this field and represent research⁷ that investigate psychosocial processes occurring in areas of importance to contemporary social life, such as cross-sectoral public policy, and aims to understand the impact of public policies on people's lives, as well as the types of gaps that arise between the political-legal and technical-supportive spheres when it comes to implementing new programs and policies⁶.

In this experience, which seeks systematic meetings, the group is privileged as a theoretical-methodological strategy in a perspective that doesn't separate teaching-research-outreach and takes into account in its composition different topics and multiple areas of knowledge, aiming to practice dialogue in search of overcoming dichotomies, as well as the dialectic between subject and society and social health needs.

Collective health and interdisciplinarity as an articulating movement

Collective health is understood as a scientific field⁸⁻¹² in which knowledge and insights about the object of 'health' are produced and different

disciplines are active, viewing it from different angles. It is also understood as a field of practices in which actions are carried out in different organizations and institutions by different actors within and outside the health sector¹³.

Public health has changed and become more complex in recent decades. According to Luz¹⁴, it has evolved from a multidisciplinary salubristic model to a semi-open discursive structure that continually incorporates disciplines from different scientific fields in addition to the various practices and forms of social intervention. It can be considered as an interdisciplinary field of knowledge whose basic disciplines are epidemiology, health planning and management, and social sciences in health¹³. Complementary disciplines that may be considered include statistics, demography, geography, clinical, genetics, and basic biomedical sciences¹³.

In the realm of practices, collective health encompasses the disciplines that address

Social health needs, as various work tools, knowledge, disciplines, tangible and intangible technologies, and as intervention activities focused on social groups and the environment, regardless of the nature of the profession and the institutionalization model¹³⁽³¹⁰⁾.

It therefore encompasses a range of technical, scientific, cultural, ideological, political, and economic practices developed in academia as well as in health institutions, civil society organizations, and research institutes¹³. From this perspective, collective health underpins a set of transdisciplinary, multiprofessional, inter-institutional, and intersectoral practices that considers as a conceptual framework “the overcoming of the prevailing biologism, the naturalization of social life, its subjection to the clinic, and its dependence on the hegemonic medical model”¹³⁽³¹⁰⁾.

As we know, the form of knowledge production by disciplines has a Cartesian origin in its sequence of analysis, in which a subject is learned by branching, which led to a Western

science based on specialties; a reductionism that constructs and treats simple objects¹⁵. With the scientific expansion in the 20th century, the production of knowledge was no longer aimed at branching out (analysis), but at the construction of objects through a process of composition of constituent elements (synthesis)¹⁴. In this way, complex objects emerged that were no longer subject to a purely explanatory approach, but had to be understood¹⁵. According to Almeida Filho¹⁵⁽³⁸⁾, “the complex object is synthetic, non-linear, multiple, plural, and emergent”, so that

the conventional organization of science in autonomous and even stagnant disciplines must be overcome by new modalities of scientific praxis, creating alternative forms of disciplinarity¹⁵⁽³⁸⁾.

This process has led to an opening of scientific boundaries and makes it necessary to return to the polysemy that results from the intersection of different disciplinary discourses and that is called interdisciplinarity¹⁵. Interdisciplinarity implies a common axiomatic for a group of related disciplines and, being based on a common problem, can lead to mutual learning that wouldn't be possible through a simple addition¹⁵.

Collective health was permeated by this historical process and observed the emergence of complex objects in its domain, which required their transformation. As stated by Granda (1994), cited by Paim and Almeida Filho¹³, in order to study the process of health and disease, it was necessary to consider healthy and sick subjects, not only to explain them, but to understand them and build potential for action.

What defines a hurricane? It's not the measurement of atmospheric pressure, not the wind speed, not the temperature variation, not any of these things (which can be estimated with a high degree of precision), but all of these, united in an integral whole that's recognized as a hurricane, but not reduced to its dimensions¹³⁽³¹³⁾.

Like the hurricane, the subject of public health is complex and cannot be reduced to its parts¹³.

Luz¹⁴ explores the irreversibility of this complexity and the irreducibility of collective health to a monodisciplinary paradigm drawn from biology, human and social sciences, technologies from applied sciences in health or planning and management. Thus, in collective health, different discursive models of disciplinary knowledge, intervention practices, and scientific expressions coexist, forming a hierarchical field of knowledge, practices, and actors¹⁴.

Although the measures developed in the field of public health aren't defined as disciplines, we can assume that they are referential, worldviews that can be considered as referential and operational conceptual schemes, as proposed by Pichon-Rivière¹⁶.

Social psychology of praxis and interdisciplinarity as action-reflection

The social psychology of praxis expresses Pichon-Rivière's thought in a scheme that systematizes a series of general and theoretical concepts whose purpose is to explain a reality in order to guide action on it. These concepts, developed from the dialectical method, refer to a domain of the real and to a certain universe of discourse that allows the instrumental approach to a certain concrete object, and have been called Conceptual, Referential and Operative Scheme (CROS)¹⁶. It assumes that every inquiry involves an operation, because there is no inquiry that does not change the situation in which it arose.

When approaching a field of knowledge, the creation of a schema in this perspective is important to adopt a self-critical attitude, i.e., to correct or ratify, to carry out a semantic and systemic analysis, and to include motivational aspects that relate to the verticality of the subject and that determine the way of

approaching reality⁵. In the case of Pichon's CROS, three major disciplines are consulted: the social sciences, which reflect the macrostructure, the subject located in the social structure and culture to which it belongs; psychoanalysis, which takes into account unconscious identifications in the constitution of the subjective reference schema and the subjective vicissitudes in the processes of change; and social psychology, which offers important ideas about the group, the role concept.

Pichon's social psychology is inscribed in a critical perspective of everyday life, has practice as its starting point, and approaches the subject in its social relations, in its concrete conditions of existence, examining the dialectical and foundational relationship between socio-history and subjectivity. It is therefore a very complex subject, expressing the multiplicity of processes and relations that condition and influence each other.

As a privileged field of operation in which the social structure and the unconscious fantasies of the subject live in interrelation, the group is an instrument of investigation and action. It structures itself from the interplay of mechanisms of role assumption and assignment in a task that constitutes its purpose. It allows the study of the interplay between the psychosocial – the intrapsychic, the group of interaction scenes internalized by the subject – and the sociodynamic – the intersubjective, the external group – through the observation of the forms of interaction. This investigation always takes place in three directions: the psychosocial direction analyzes the subject through his bonds and interpersonal relationships; the sociodynamic direction analyzes the various tensions that exist among group members; and the institutional direction examines large groups, their structure, origins, composition, history, economics, politics, ideology¹⁶.

The contributions contained in this conceptual scheme offered by Pichon-Rivière allow a horizontal understanding of the community as a whole and a vertical understanding of the

subject embedded in this society, which is in constant change, as well as the problems of adaptation of the subject to its environment.

As an instrument, then, it enables the planning of a relationship management with nature and its contents, in which the subject changes himself and the world in a constant dialectical interplay²⁽¹⁷⁾.

It is a perspective that indicates an integrative vision of ‘man in the situation’, the subject of a single science or interscience, and situated in a particular historical and social setting. For Pichon, this vision is achieved through a convergent epistemology in which “all the human sciences function as an operative unity that enriches both the object of knowledge and the techniques used to access it”¹⁶⁽¹⁷⁰⁾.

Thus, we consider the possibility of interdisciplinarity as a reflexive action from the perspective of this integrative vision that mediates open circuits that produce diverse, simultaneous, and transformative learning.

Psychology of praxis and collective health: building bridges

From the conceptual scheme proposed by Pichon, based on a multidimensional perspective of the emerging social problems in the process of health work and taking into account their subjective aspects, it can be deduced that although the different dimensions of the same problem are considered, the attempt to distinguish between them is common, as if something that comes from the social sphere, crosses the subject and then returns to the social sphere¹⁷ as independent elements. However, from the Pichonian perspective, it is not possible to define such boundaries in this way. At the same time, the undifferentiation that doesn’t take into account the boundaries fuels fears that hinder the development

of knowledge and paralyze the processes of work and learning.

An example of this situation is Pichon-Rivière’s own experience training professionals at the Hospício de Las Mercedes in the 1930s and 1940s in Buenos Aires, Argentina. He recognized that one of the major problems was that it wasn’t possible to develop the knowledge acquired in practice or operational knowledge, and that professionals didn’t have enough information about the course of disease and how to deal with hospital patients. Thus, he considered the epistemological and epistemophilic barriers that are important causes of the paralysis of work processes in the health sector.

Epistemological obstacles refer to the readiness or lack of cognitive and conceptual structures necessary for a particular task, while epistemophilic obstacles refer to resistance to change resulting from fundamental fears of attack and loss⁶. The group’s attempt to protect itself from such problems manifests as a process of paralysis or stagnation of learning, where the group begins to deal with learning content in stereotypical ways¹⁶.

This prevents the opening for the inclusion of new elements, since only the contents of the old knowledge are admitted. Thus, one can reflect on the complex nature of interdisciplinary work when considering such propositions. Faced with a new situation that requires the abandonment of old concepts, the absence of knowledge that provides a kind of security becomes evident, and there’s a lack of definition of the boundaries of the different practices.

It is easy to imagine such a situation in today’s health care field, where so many social, political, and economic changes are taking place. In the context of work, for example, the fears expressed by workers can also be understood as the fear of losing their professional identity, which turns out to be a source of anxieties that also relate to the lack of a concept of limit⁶. These fears, contradictions, and ambiguities associated with group relations in everyday work in the health sector

represent the dichotomies of thought, the gaps between institutions, ideas, and practices.

Pichon-Rivière's experience in the field of mental health allowed him to conclude that the fear of madness, related to hypochondriacal fears of contagion and infection, was the main source of resistance to learning psychiatry. This is because the author recognized that learning basically means "identifying with the object of knowledge, literally penetrating it"¹⁶⁽¹⁰⁸⁾. This promotes fears associated with the idea of being trapped in the object.

Moreover, the fear of failure in the face of new situations is also observed, namely the fear of not knowing, "which manifests itself as a fear of coexistence, a fear of exposure, a fear of not responding to what's imagined and expected by a professional"⁶⁽¹⁶⁸⁾. For him, explaining unconscious fantasies associated with fears of loss and attack allows us to overcome this epistemophilic obstacle and thus overcome the stagnation of learning. This enables a dialectical leap that promotes the continuity of the task¹⁶.

It is also important to consider that while defense mechanisms expressed in the group in the face of a new task are an obstacle to building new practices, they are also forms of "active adaptation to reality" and can configure themselves as ways for workers to resist the adversities they face⁶.

To the extent that the subject grasps and transforms the object of knowledge, he changes and thus enters into a dialectical interplay with the world⁶⁽¹⁷⁴⁾.

The fear of madness, previously expressed by workers, as said, may now have moved to the expanded boundaries of new areas of activity⁶ defended as interdisciplinarity or intersectoriality in the field of collective health.

Contributions from public health and the social psychology of praxis bring us reflections and questions about the dimensions of the different orders and domains of knowledge involved in the problems we face⁶. In this

context, we are interested in the psychological reflection that must be done from an analytical stance that confronts the naive conscience and questions the interplay of needs and satisfactions⁶ and the modalities of social response in each concrete social formation.

In this sense, Scarcelli⁶ proposes four areas that help to question, identify problems, and delimit dimensions when carrying out an analysis of reality that aims to criticize naive conscience and everyday life. As a methodological framework, they are presented as follows:

- Politico-legal: Inquires about laws, policies, governmental and non-governmental programs resulting from these policies, as well as their legal aspects, norms, regulations, etc.
- Sociocultural: Inquires about groups and subjects, their needs and demands related to proposing and implementing policies and practices.
- Theoretical-conceptual: inquires about theoretical and philosophical foundations, concepts that support practices, programs, policies, laws, etc.
- Technical support: inquires about how practices, programs, policies, and laws are created, implemented, and developed⁶⁽²¹⁸⁾.

These areas, which cannot be understood and dealt with separately, together with the dimensions of analysis proposed by Pichon-Rivière and the extensive production that integrates the field of public health, make it possible to expand knowledge of the phenomena in a pluridimensional and interdisciplinary perspective. These areas relate to a series of questions that lead to reflections on objects and phenomena that social psychology and collective health have in common, in order to allow a dialectical reflection that not only doesn't privilege any discipline, as we've just discussed, but also doesn't privilege

any dimension of the health field, so as not to reduce it to mere assistance in services.

This captures the breadth of the concept of health, the actions and practices that emerge in this context to counteract the frequent tendencies of bureaucratization and instrumental action described by Pichon, which ultimately simplify the complex process of health and disease, as well as the actions and studies in this field⁶.

(Meta)formation in graduate studies

Although the group considered here is not enrolled in a postgraduate public health program, it has both worked in and contributed to the field over the past fifteen years. It is a group oriented toward the thesis of inter-scientificity or convergent epistemology as formulated in Pichon's social psychology; it has as graduate students with training in psychology, sociology, physical education, occupational therapy, and fashion, as well as professionals in the field of health, education, and justice. In addition, the group has developed research that problematizes public policy in areas such as health and education in relation to gender, mental health, justice, violence, and student retention⁷. In this way, research is performed within related fields and also expand across filed borders.

Such an experience is developed from the understanding that the individual's own axis of articulation is education in a broad sense that includes self-education, in order to allow the development of an open attitude to the transition between different theoretical-practical models, without losing the specificity of knowledge and action in the field, thus gradually taking responsibility for his own education, understood as continuous and permanent.

The meaning is also broad when having as a principle the inseparability of the teaching-research-outreach tripod, that is, of learning-investigating-doing. This is because there's

research whose object is outreach activities, and there are outreach projects that constitute a field of research; apart from the fact that the dialogues between professors, professionals, and researchers are essentially teaching and extension activities. This experience confirms and enhances the inseparability of this tripod, whether in the issues of curricular structure, in the connection between the core activities of undergraduate, graduate, research, cultural and extension education, and in the strengthening of projects related to public and social policies and investments in student retention.

A similar understanding extends to the context of health work, suggesting that the triangle of continuous education, in-service research or systematization of experience, and assistance management be integrated into continuing education for the social sectors.

Education in the broad sense, then, is the meta-goal of this group, which, as the psychology of praxis teaches us, refers to processes of learning, active adaptation to reality, as a path in a continuous spiral and a "learning to learn and learning to think"¹⁶⁽¹⁶²⁾ that integrate affective, conceptual, and action structures (feeling-thinking-acting).

This understanding is the basis for the development of activities required in graduate studies, primarily in the form of research guidelines and the classes offered in the curriculum structure.

The two programs considered here offer a course to students from different departments of the university, which has had participation from students of different areas and practices. This course aims to discuss issues related to public policy and implementation of health and mental health practices, based on questions and concepts formulated in the field of social psychology, such as intersubjectivity, groups, institutions. It also reflects on the challenges of social psychological research in the field of public health policy, not in a naturalized way, but as a result of complex social processes consisting of tensions, conflicts and struggles between different interests

and projects of society. The course questions and problematizes public policy and social structure, and considers the state in a broad perspective that's not limited to the bureaucracy of the executive branch that implements public policy for a particular population.

This course brings together graduate students with training in a variety of fields from other graduate programs of our institution and others. The development of the applied pedagogical practice, participatory and inspired by the operational technique¹⁶ allows a process of continuous assessment that has favored the construction of a network of dialogues between students and professionals from different social sectors, especially public health, that goes beyond the period in which it was carried out and leads to further activities, such as events and actions, cycles of open classes that put the unified health system up for discussion and allow the participation of the community outside the university.

The traditional graduate program guidelines have been reformulated to follow the dialogic pedagogical perspective and theoretical foundations on group processes. The course is offered mainly in the group modality to support graduate students' training and self-study by discussing their research and encouraging the sharing of investigations. This method contributes to the consolidation of research groups and the improvement of the investigative attitude necessary for the production of knowledge and the construction of practices. Such didactic and pedagogical activities in a participatory perspective presuppose a constant dialogue with others in the social context, which is a process of creation in which everyone recreates themselves.

Equal dialog is fundamental to teaching and learning, even considering that education, detached from the act of research and the production of knowledge, risks being limited to mere training or forms of qualification that lead less to creative attitudes in the work process and more to adapting people to a bureaucratized logic.

Final considerations

The educational experience considered here, built on the teacher-student relationship and group learning-to-learn process, reflects and problematizes education as a transversal goal in higher education, with the notion of interdisciplinarity as the confluence of different fields of knowledge and practices. By privileging the group as a theoretical-methodological strategy, as an operational technique, education takes place in an open circuit that favors learning through problematization and the resulting changes. This is possible because the group is the immediate scenario of experience, of the mutual determination of the subjects, of the interdependence between the intrasubjective and the intersubjective, between the subject and the binding context.

Moreover, it is an experience inspired by the way of understanding education as *paideia*¹⁸ to think about education in a broad sense, manifested in the academic institution through the principle of inseparability of teaching-research-outreach and, beyond its limits, as learning-researching-doing, through the constant desire of openness and through self-education.

Such a task reveals the complexity we face in the encounter between the fields and worldviews involved in the construction of a praxis; understanding that every investigation and practice not only challenges knowledge and practice, but also transforms them¹⁶.

The complex nature of this work, which is interdisciplinary, also becomes clear when we consider that unknown, new situations require the abandonment of a know-how and therefore present themselves as threatening, as epistemological and epistemophilic obstacles¹⁶, as a lack of cognitive and conceptual structures that manifest themselves as resistance to change and function in a stereotyped, closed, and bureaucratized way of working.

Finally, the research group considered here has been concerned with the mobilization and participation necessary for interdisciplinary

dialogue, in terms of the social psychology of praxis, through integrative actions that mediate the circulation of discourses aimed at mutual learning between disciplines, as reflexive action. The dialogue on collective health has taught us that this can be one of the ways to break the practice of adding or overlapping knowledge and work on a common task that unites us: Health.

Collaborators

Scarcelli IR (0000-0003-1620-4596)*, Rivera MFA (0000-0001-8074-0794)*, Valentim ACMSF (0000-0002-6488-5923)*, Lima NP (0000-0001-8021-0056) * and Martins AA (0000-0003-1225-318X)* also contributed to the elaboration of the manuscript. ■

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