Temas em Saúde
Vol. 19, N. 2
ISSN 2447-2131
João Pessoa, 2019

Artigo

ANTHROPOLOGY, INTERDISCIPLINARY AND HEALTH

ANTROPOLOGIA, INTERDISCIPLINARIDADE E SAÚDE

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ABSTRACT - The present paper has the objective of analyzing and reflecting on the problematic of the interdisciplinary and of the anthropological vision in the field of health - whether we consider it under the aspect of scientific production or consider it under the aspect of professional performance. This reflection was based on an essentially bibliographical methodology research, covering different works from various periods of history, documents and scientific studies. The first part of the work focuses on a panorama of partial anthropological perspectives, which analyze the human being only from one of its constituent dimensions, underestimating others: such are the cases of gnosticism, materialism, individualism, among others. Anthropological partialities also occur today, provided by a positivist model of work organization, which is reflected in the field of health. The second part of the paper is dedicated to presenting the limitations of this positivist organization of scientific production and work organization in the field of health, presenting an alternative view based on new (indeed old) tendencies that put the human being as totality, totality as individual, constituted by body, mind and spirit, and as part of a greater whole, social, environmental and even cosmic, which would result in an interdisciplinary professional and scientific organization.

Keywords: Anthropology. Interdisciplinary. Health.

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Vol. 19, N. 2
ISSN 2447-2131
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RESUMO - O presente artigo tem o objetivo de levantar uma análise e reflexão sobre a problemática da interdisciplinaridade e da visão antropológica no campo da saúde – quer o consideremos sob o aspecto da produção científica, quer o consideremos sob o aspecto da atuação profissional. Tal reflexão foi fundamentada numa pesquisa de metodologia essencialmente bibliográfica, percorrendo diferentes obras de vários períodos da história, documentos e estudos científicos. A primeira parte do trabalho foca-se em delinear um panorama de perspectivas antropológicas parciais, que analisam o ser humano apenas a partir de uma de suas dimensões constituintes, em detrimento de outras: tais são os casos do gnosticismo, do materialismo, do individualismo, entre outras. Parcialidades antropológicas ocorrem também atualmente, proporcionadas por um modelo positivista de organização do trabalho, o que se reflete no campo da saúde. A segunda parte do trabalho se dedica a apresentar as limitações desta organização positivista de produção científica e de organização do trabalho no campo da saúde, apresentando uma visão alternativa, baseada em novas (na verdade antigas) tendências, que colocam o ser humano enquanto totalidade, totalidade enquanto indivíduo, constituído de corpo, mente e espírito, e enquanto parte de um todo maior, social, ambiental e mesmo cósmico, o que redundaria numa organização profissional e científica interdisciplinar.

Palavras-chave: Antropologia. Interdisciplinaridade. Saúde.

INTRODUCTION

The present paper is the result of a lecture given at the opening of the II CONGREFAST, annual conference of the Faculdade Santíssima Trindade, in Nazaré da Mata - PE, and intends to raise a reflection on the need to problematize the subject of interdisciplinarity in the field of health, whether in the context of scientific studies, or in the scope of professional activity - regardless, insofar as the care has as its presupposition the academical researches, as well as the social and political commitment that healthcare professionals should have in the conduction of such problematization and debate, acting as the protaginist of it.

In order for us to raise a reflection on the question of interdisciplinarity in the field of health, it is indispensable that we first have a notion of the problem that an interdisciplinary conception seeks to solve, exactly as having clarity about the existence

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and essence of an illness through a good diagnosis is necessary before taking medication to eliminate it. Now, what problem or disease would our society suffer in order for an interdisciplinary - or even transdisciplinary - approach be defended as relevant? No doubt the problem of partial understanding of waht human being is.

Assuming the premise that the object - if we can speak here in object - of the health sciences is the same of sciences like the psychology (that is between health and the humanities), the anthropology and the sociology, becomes unavoidable that it is recurrently understood in a partial and fragmentary way. Such a problem is especially accentuated in our days, favored by positivism, liberalism and alienation provided by a capitalist system without the just and necessary limits of the state and organized social forces. However, it is not just a nowadays problem that the human being is taken as a human being only in part. This partial view is, in fact, as old as humanity itself, which has always sought self-understanding.

In this sense, this article, which assumes the methodology of an essentially bibliographical research, assumes two parts: the first one dedicated to make a brief review of the visions here presented as partial about the human being, passing through different thinkers, theories and thoughts; and the second is dedicated to raising a reflection on the current state of affairs, which, favored by positivism, deepens not only the biases in anthropological visions, but also the implications of these in the scientific and professional fields, defending the need to transcend this situation and, in the context of health - or in the context of any science or profession that deals with the man - to foster a global vision of being human, as a whole, no longer restricted or reduced to one of its parts or dimensions . The defense of a totalizing vision is based on the analysis of studies that corroborate this perspective and having as its implication an interdisciplinary scientific and professional organization.

THE PARTIAL COMPREHENSIONS OF HUMAN BEING

Looking back at history, it becomes clear to us that the visions of a human being have been fragmented, and that they all influence the way of how man relates to himself - on a physical, mental and spiritual level - as well as the way of how they take care of theirselves. We may quote some markedly dualistic religious and philosophical manifestations such as gnosticism and manichaeism, for which the human being is a pure, good spirit, and that matter - including the human body - would be the prison of the soul, something evil, created by an evil God opposed to a good God. From this perspective the

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human body is something to be despised, even punished, whereas, no matter what happens to it, the human essence, which has a purely spiritual nature, remains the same (on this subject, see FRAILE, 1986, pp. 86-115).

Cartesianism in the 17th century likewise reflects an equally dualistic point of view, placing man much more like a thinking and rational mind ("*Cogito ergo sum*") than corporal[6], despising not only the sensible dimension of man, but also his irrational dimension, which would only come to be problematized much later, first with Freud, with his studies of the unconscious, and then with thinkers like Lacan and Foulcault, who will deepen the theme of madness and irrationality (for Foucault in relation to Descartes, see: *History of Madness* , chapter II, FOUCAULT, 1978, pp. 52-55).

If on the one hand there were religious and philosophical manifestations for which the human being was more spirit than anything else, arguing more or less explicitly that one should take little notice of the body, there was also the other extreme: the idea that man is limited to its pure corporeal materiality. We can map the first manifestations of this way of thinking comparing to the atomism of Democritus[7] and to the Epicureanism, however, it would be a mistake to think that it is an outdated conception. Nowadays, in the universities we can see the actuality of this through a new garb: Marx's materialism, for which the view that there would be something transcendent in man (or in the reality taken as a whole) would be nothing more than relative, social, historical, and contextually conditioned, never an eternal and absolute truth[8]; and the extreme Darwinism, according to

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[6] Descartes says in the second meditation, VIII, of his *Metaphysical Meditations*: "I am nothing, therefore, speaking precisely, but a thing that thinks, that is, a spirit, an understanding or a reason" (DESCARTES, 1973, 102). All the truths deduced by Descartes concerning man are subordinated to this fundamental conception: man is, above all else, reason..

[7] Thus Hegel comments on Democritus' view of the soul: "Thought is a movement. The soul must, therefore, be made of the most movable matter, of subtle, smooth and rounded atoms (of fire); between all the bodily atoms an atom of soul is inserted "(HEGEL, 1996: 307).

[8] Thus say Marx and Engels in *Theses on Feuerbach*: "Feuerbach settles the religious essence in the human *essence*. But the human essence is not an abstraction inherent in each individual. In its reality it is the joint of social relations "(MARX, ENGELS, 2002, p 123); and further: "Feuerbach does not see, therefore, that religious feeling itself is a social product and that the abstract individual who analyzes actually belongs to a certain form of society" (ibid.). For Marx, "it is not the consciousness of men that determines their existence; it is, on the contrary, their social existence that determines their consciousness" (apud ROCHER 1971: 138). Now, of course, we can agree with Marx and Engels that it is clear to us that transcendence - whether that which is transcendent in man (consciousness), or that which is transcendent in reality, captured from a

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which the human being is no more than an animal that by chance - or by blind causality - is more evolved in relation to the others, not knowing, however, how long.

Throughout history we can map two other partial visions of human being, like the two previous ones - spiritualism and materialism -, equally antithetical. On the one hand, we have individualism, which has roots in medieval nominalism, but which emerges, especially, in the 16th century, with the ideas of Luther[9], and throughout modernity, with the enlightenment, with the French revolution and with the rise of liberalism, which today throws its influence in the political and economic structuring of our society. So, on the other hand, we have philosophical and religious manifestations to which the individual would not even exist, but that would be something illusory; and the whole reality would be one thing, indistinctly - such are the cases of some Eastern religions, such as Buddhism (see GAUTAMA , 2003, pp. 46-47)[10], and also some developments of Platonism and philosophical idealism[11].

We also have, throughout history, concepts that brought a strong emphasis on the human being in the socio-political sphere. Such are the cases of the already quoted marxist conception, but also of Hobbes and Rousseau - among other inluminist thinkers - who, starting from a pessimistic or optimistic notion of human nature, have put a hope of redemption of humanity and of an ethical realization for man. For the first, in *Leviathan*, the state is the only one who can avoid war of all against all[12] and to ensure ethics and social harmony; for the second, nevertheless society is root of injustice[13], it is from a reform to restructuring of society that it would achieve desirable civilizational level. Clearly, Marx is a natural successor of this thought, insofar as man is first and foremost social being, and, above all, he needs politics to emancipate himself.

All these quoted views and thoughts have the common characteristic of seeing man partially - whether as pure spirit, apart from his corporeity (gnosticism and

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religious experience - is something lived socially. The limitation of this perspective, however, lies in the fact that it reduces the transcendent to the level of the social, videlicet, of relativity.

[9] Which removes the emphasis on Tradition and puts the individual as a free examiner of religious truths.

[10] Levenson (2009, p. 45), on Buddhist doctrine, thus says: "to be aware that everything is ephemeral, that self is illusion and suffering is a faithful companion is the recognition of the three characteristics of existence (impermanence, insubstantiality and conditionnement)".

[11] In the same line of the Buddhist thought we could quote Schopenhauer, that inclusively is inspired in aspects of the Buddhism.

[12] *"Homo homini lúpus"* is the phrase that synthesizes his anthropological vision.

[13] "The human being is born free but everywhere is shackled" (ROUSSEAU, 2011, p. 11).

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manichaeism), or pure reason (Descartes), apart from the unconscious forces that influence the will, as pure matter without anything transcendent (materialism), either as a simple individual apart from a greater totality, social or cosmic (nominalism, individualism, liberalism), or as being without individuality (some manifestations of platonism and philosophical idealism and of some religions oriental). All of them have - or had - reflexes and echoes for what is understood not only by being human, but even for what is understood by human health, since this is a multifactorial complex, adding several aspects of human existence: corporal, spiritual, social etc.

It suffices that we imagine what possible echoes such partial conceptions of man would bring up to the way the human being takes care of himself and relates to himself. Let us think of how health care can be effectively affected by a demonizing or disparaging conception of the body. Or think how these same health caring can or not be affected by a conception that posits that man is no more than pure objective materiality, without a subjectivity behind, without a spirit, without something that goes beyond what is empirically observable, measurable, calculable etc. Let us think not only of how such ideas directly relate to and influence man's self-care, but also in the ethical and even bioethical developments that they may have.

It is customary, in our contemporary society, too occupied for the exercise of reflection, to underestimate the importance and power of ideas and world views, as if they were banal things, limited to our subjective tastes. It is necessary, however, to realize that, as Richard Weaver says, ideas have consequences (WEAVER, 1984), and that the great violations of human rights in history have not occurred without some idea, or rather some specific anthropological conception - such is the clear case of the nazist holocaust, which grounded its atrocities on the idea of an eugenics based on evolutionism, according to which those of supposedly inferior races should be eliminated so that humanity could reach a new evolutionary level. This is also the case of the communist revolutions which, under the pretext of realizing the dream of an egalitarian society, killed about 94 million people around the world. (see COURTOIS et al., 1999). But what is human life, after all, to the one who sees it only as an aggregate - though highly complex and organized - of material particles?

All these conceptions about man have direct consequences which relate not only to the human being in regard to their self-care and their relation to health, but even on how much human life is valued or not in our society. A global perception of man - the human being as a totality - or a holistic vision opposes all of these partial conceptions. However, it is possible that no vision shrinks so much the man and is felt with as much impetus nowadays about our society as positivism. This is because positivism starts from an

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empiricist, materialist and atheistic worldview[14], and eliminate from its way of understanding the whole world of transcendence, mysticism and religiosity It will be the main responsible for our fragmentation many areas, including in terms of work and of professional performance.

For Durkheim, one of the most important positivists, the works should be divided to the maximum, each one receiving a minimal portion of something more general (MARTINS, 1994, pp. 47-48). The great example is the assembly lines, which are structured by a taylorist and fordist logic. A few centuries ago, each product were producted by a single person - the shoe was made by the shoemaker, for instance. Each artificer had total mastery of his art. Today, however, the same product - as a shoe - is made by several people, each one makes a manufacturing process, and does not have, at the end, a principle of how to make that same product by himself. Durkheim thought that the social work division would provides solidarity (MARTINS, idem) between the workers, but the result is that not only capitalist society, within which positivism flourished, becomes progressive and exponentially individualistic, as such a form of structuring of work has proved even more problematic in other fields: not only health field serves as example, but of all the areas that would have the human being as "object".

PARTIAL VISION OF MAN AND ITS OVERCOMING IN HEALTH FIELD

It should be noted that, in capitalist society, directly influenced by positivism, studies of man - in the area of health or of humanities - put it exactly as a shoe is putted on the assembly line. Each professional, restricted in his "micro-specialty", is unable of perceiving the whole that is the object - or rather, the subject - on which he focuses, having all his understanding reduced to that small part in which he specialized himself. Thus, there is the strong tendency of, rather than to understand man as a whole, one and undivided, to divide or fragment it into its constituent dimensions - the bodily, psychological, spiritual, social dimensions etc. - and to restrict each of these dimensions of the human being to a specific category of professionals, which, in turn, would ignore the work of all other categories. Thus, the psychologist takes care of the psyche, the doctor, of the body, the sociologist, of the man viewed out of its insertion in the social sphere, and so on. And each professional, when would not reduce all human reality to his area or his

[14] *Vide* how in the Law of the Three States of Comte religion must be overcome by technical-scientific knowledge.

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domain of study, would ignore the contributions of all other disciplines that fall outside his domain.

We perceive how the positivist logic of the division of labor imposes itself over our social organization mode when we realize how much the market demands nowadays more and more ultra-specialized professionals. Today, it is no longer enough for someone to have a degree in psychology, nursing or pharmacy, since an university graduation is considered only as a too generic formation for the demands of the market. It is necessary that the psychologist, the nurse and the pharmacist increasingly restrict their specialties and fields of action through specialization, master and doctorate dregree, when this restriction does not start in the very graduation. The titles of master and doctor now attest nothing more than the fact that someone is an ultra-specialist on a tiny part, almost like a subatomic particle, of human knowledge already constructed.

Tempting is to naturalize this logic of formative, social and labor structuring, taking it as something that has always been so, and that it does not make sense to problematize it. However, history defends against this naturalization of the logic of the ultra-specialization and the division *ad infinitum* of the academic disciplines and the areas of professional performance. Great geniuses in the history of humanity, whether many of their ideas have expired or not, sought knowledge in an interdisciplinary way, before the rise of positivism. Men like Plato were interested not only in philosophy or religion[15], but also in mathematics[16]. Philosophers such as Pythagoras, Descartes, Pascal, and Leibniz[17], moreover, have left their names engraved in the history of universal thought not only because of their contributions to mathematics, but also to metaphysics, to the theory of knowledge, and to other disciplines[18]. Newton was concerned not only with physics, but with mathematics, philosophy[19], and even alchemy (Whitley, 2000, p. 241). Men like Freud, better known for his contributions to the study of the psyche than for anything else,

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[15] As is clear in the *Phaedo*.

[16] *Vide*: *Republic,* VII (PLATÃO, 2011, p. 295-298).

[17] The first known for his theorem; the second, for his contributions to analytic geometry (from Descartes comes the Cartesian plane); the third, also by his theorem and by the known as “Pascal's triangle”; and the latter, by the development of infinitesimal calculus.

[18] From Descartes, *Metaphysical meditations* and *Method discourse* are examples of works dealing with metaphysics and the theory of knowledge. Of Pascal we could certainly quote the *Thoughts* and the *Geometric spirit*, and Leibniz, the *Discourse on metaphysics*, the *New Essays on Human Understanding* and *Monadology*.

[19] The name of his principal work - where he exposes his laws - is, in fact, *Mathematical principles of natural philosophy*. Physics was natural philosophy. Like Leibniz, he also contributed to the development of infinitesimal calculus.

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showed interest in medicine, botany, chemistry, anatomy, philosophy, and history (JOLIBERT, 2010, p. 12).

Faced with such polymaths as above mentioned, the ultra-specialists of the present days appear as the fragments of men described by Nietzsche in *Thus spoke Zarathustra*. Thus says Nietzsche:

> There are men who are nothing but a great womb, or anything else that is great. To these I call reversed cripples. When, abandoning my loneliness, I crossed this bridge for the first time, I did not believe my eyes, I did not stop looking and I ended up saying: "This is an ear! One ear with the size of a man! "He came closer to me, and behind his ear was something so small, stingy and weak that pitied me. And, in fact, the monstrous ear rested on a fragile and tenuous shaft, but this shaft was a man! Looking through a lens could still recognize a tiny and envious countenance and also a vain soul that stirred at the tip of the rod. The people, however, told me that this ear was not only a man, but a great man, a genius. But I never believed in the people when he told me about great men, and I continued to believe that it was a reversed cripple who had very little of everything and one thing too much (NIETZSCHE, 2013, p. 199).

Far from falling, nevertheless, into a defense of mere worship, which is unreasonable, to erudition, for which the greatest objective is the simple encyclopedic accumulation of knowledge, we must realize that the core of the question of interdisciplinarity is in each professional area to recognize its limits of knowledge and performance in the study and care of the human being, as much as he recognizes a world beyond his borders, on which he must have a minimum knowledge if he does not want to fall into the error of reducing the complexity of the subject over which he looks to the narrowness of his own specialty. Thus, necessary is that the doctor, the nurse, the pharmacist etc. possess a minimum knowledge of psychology, just as it matters to the psychologist to possess a minimum knowledge of medicine. Likewise, health professionals as a whole must realize the importance of sociology in their areas of practice, knowing it minimally, or the cultural contingencies of their knowledge through anthropology etc.

The complexity of the "object" of all disciplines that deal with man is in itself sufficient reason for the support of an interdisciplinary structuring of academic disciplines and areas of professional activity. Thus, it becomes clear that the *raison d'être* of the interdisciplinary vision in the field of health lies in what we could call a holistic, global or totalizing vision of human being[20]. In this view we have the human being not as simply

[20] The positive aspects of such a perspective should be retained, leaving aside the possible ideological biases, which often arise from a simple spirit of denial of conventional medicine.

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corporeal, not as merely spiritual, not as mere social-political being, or as mere individual, or as being without individuality etc., but as all this at the same time, in a great synthesis, or in a unit of diverse and even contrary elements. It is now said that the human being is bio-psycho-socio-spiritual. It is this, and more than that: it is also environmental (of which its biological is not independent) and even cosmic, a small monad that reflects and is affected by the totality of what exists[21]. This implies that man is a multifactorial complex, composed of body, psyche, spirit, individuality, and at the same time is inserted in a greater, social, environmental and cosmic whole, of which he is not independent. It would not be wrong at all to call this view of anthropological monism.

If it is true that the interdisciplinary view is not something current that is only emerging today as a late reaction to the positivist logic of the *ad infinitum* division of labor, as attested by great men like Plato, Descartes, Pascal, Leibniz, Newton etc., it is true that this totalizing vision of human being or this anthropological monism has ancient roots in our civilization. Although Christianity has been seen here and there throughout history attacked by Gnostic and demonizing of body tendencies, we can see that the essence of its doctrine, as putted by some of its main representatives, goes in the line of a monism. Primarily a monism with regard to the unity between soul and body, which we call hylomorphism. We see the ample defense of this in the two principal doctors of the Church: St. Augustine and St. Thomas Aquinas. Saint Augustine, fighting Gnosticism and Manichaeism, posited human nature as a whole composed of soul and body[22]. St. Thomas, in turn, defines the human nature or essence as composed of form and matter. The spiritual soul, the center of our mental faculties, is the form of the body, which is its matter.[23]

Secondly, we can also see in the essence of Christianity a monism with respect to the unity of all things. God is the essence of all things, says St. Augustine in his book *De libero arbitrio*. "I call 'nature' what is usually called by the word 'substance'. Consequently, I can say that all substance is God or proceeds from God, and thus everything that is good

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[21] *Vide* the concept of monad in Leibniz.

[22] "The body and soul are two distinct realities, and neither of the two without the other is man; it is not the body without the soul that animates it, nor the soul that the body to which it gives life […] What do we call man? It is the body and the soul, united like two horses pulling a chariot or the manner of a centaur "(apud COSTA, 2012, p. 67-68).

[23] On this subject, *vide*: *De ente et essentia*, ch. II, 5-6 and chap. VI, b) (TOMÁS, 1985, p. 7, 15). It should be noted, as far as St. Thomas's thought is concerned, that each man is not only one as composed of form and matter, but also, though possessing individuality (caused by the body), he has a form in common with all other men. Ontologically speaking, a man, while individual, possesses in its essence something universal.

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is God or proceeds from God "(AGOSTINHO, 1995, 192)[24]. God is no more transcendent than immanent to creation. The same view somehow presents St. Thomas in his *Summa theologica*, I, q. 8, and also the Doctor of the Church, St. Hildegard of Bingen, who expresses this totalizing vision of reality in a poetic way as follows:

> I am the one whose praise echoes on high. I adorn all the earth. I am the breeze that nurtures all things green. I encourage blossoms to flourish with ripening fruits. I am led by the spirit to feed the purest streams. I am the rain coming from the dew that causes the grasses to laugh with the joy of life. I call forth tears, the aroma of holy work. I am the yearning for good (UHLEIN, 1983, p. 31).

Now, if God is all things, it means that all things are closely intertwined and, while maintaining their own identities and their individualities, possess a unique and common essence[25]. And if the same God who is all things is also in man, who possesses a divine spark or possesses God within himself as that which is most interior to him, as St. Augustine makes clear in his *De magistro*, and also the XIII century dominican monk Master Eckhart[26] and the doctor of the Church of St. Teresa of Avila in his *The interior castle*, this means that man is in his most intimate interconnected with the whole, although he does not always have the awareness of it. In modernity and out of the Christian-Catholic tradition, we also have the defense of a monistic and unifying perspective in thinkers such as Spinoza and others influenced by him, such as Fichte, Schelling, Hegel, Schopenhauer, Schleiermacher etc.

In the field of health it is no less true that a unifying vision of human being and of the world is gaining more and more space. Such is the case of so-called alternative medicines[27], some of them dating back to millennial origins, as in the case of acupuncture and others originating from Traditional Chinese Medicine. We can observe in these therapeutic practices not only the markedly preventive nature - opposed to the strongly remediative character of our conventional medicine, more focused on combating disease than on promoting health - but also caring for the human being as a whole, not only focusing on their immediate physical or physiological aspect, but also on their lifestyle,

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[24] We can not forget the fact that for St. Augustine, ontologically speaking, evil does not exist. What exists is Good. Evil is denial of Good, corruption. Its existence is relative.
[25] Essence, nature, substance, or however we call it.
[26] That says, "The eye with which I see God is the same eye with which God sees me; my eye and the eye of God are an eye and a seeing and a knowing and a loving "(ECKHART, 2006, p 105).
[27] Here again, necessary is to retain what is positive and to leave aside any possible specific religious and ideological biases.

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their mind, their spirituality, their social relations, and so on. This character is evident in different practices of Traditional Chinese Medicine. Worth is to mention that many of these therapies are now recognized by the WHO (OMS, 2013) and, despite the criticism made unto them[28], more and more public resources are being directed to construct spaces for such practices in countries like Brazil (BRASIL, 2017).

Important is to say, however, that it is not only alternative medicine that attests to a global and unifying vision of human being. In our own conventional health there are a myriad of studies that could lead us to the same conclusion, demonstrating how the different dimensions of the human being - physical, mental, social and spiritual - affect each other by mixing and removing imaginary limits we place between them. I quote briefly some studies that help us to verify this, such as the one carried out by Silva, Aquino and Santos (2008), which speaks about the impact of cancer diagnosis on patients' cognitions and emotions; the study carried out by Farinhas, Wending and Dellazzana-Zanon (2013) concerning the impact of the diagnosis of cancer in the family, demonstrating also the social effects generated by health-disease - social at the micro level, as in the case of the family, as well as at the macro level, if we consider the obvious implications that sickness produces in the structuring of public health services and in the organization of the State.

The effects produced by the body in the mind and even in the social sphere - considering the commitment of the State in the implementation of actions that aim at the improvement of the epidemiological statistics - seem obvious. But the effects of the psychological dimension on the physical are also scientifically confirmed, as shown in the studies of Loures et. al. (2002) on the effects of stress on the cardiovascular system; and

[28] Necessary is to evaluate if the criticisms made to alternative and traditional medicine are fair or not. Obviously, the criticisms are just if the goal of alternative medicine is to replace conventional medicine, which would be a mistake. Nevertheless, denying the preventive efficiency of integrative practices would be foolish. Many of the criticisms goes on the way of accusing the alternative medicine of unscientificity and, therefore, of being unreliable. Of course, it depends on how we understand science's nature, or, at least, on how we understand knowledge's nature. If the criterion for a definition of what science or secure knowledge is is the positivist criterion, for which only the empirical is valid, then, of course, it is questionable whether alternative medicine is scientific and whether it has a secure basis of knowledge. However, the premise that, in this criticism, is accepted dogmatically, can also be questioned. There are many questions that can be made: Is science only what is empirical? What is science? Is valid knowledge only what is empirical and/or scientific? Are not the reports of people who say have achieved a better life quality out of these practices empirical data? And, at last, if these reports are not reliable or empirical data, how can we accept the scientificity of, for example, psychology?

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Soares, Costa and Mesquita (2006), about the impact produced, also in the cardiovascular system, by depression. In this context of the affectation of the psychological on the physical we could go much further, speaking from Freud and Breuer's studies on hysteria (see the case of the patient Bertha Pappenheim, or Anna O, described in *Studies on hysteria* (FREUD, 1996), in which she presents symptoms of paralysis, among others)[29], passing through the most different psychosomatic diseases and going to typically contemporary problems that demonstrate in an unavoidable way this relation of affectation, such as anorexia and bulimia. The placebo itself has its efficacy proven empirically, as the experiment carried out by Regine Klinger (HASSENSTEIN, 2018) shows, which testifies in favor of the relation of influence that the mind has on the body.

But does not stop there. We can also say that there is a direct influence of what is external to the individual on his mind and body. In the social sphere we have the clear influence of culture and other elements on the psyche of the individual, as Vygotsky already shows us, but we can also speak of influences of culture on the body and on health. Anorexia could again be cited as an example, since is caused by a distortion in self-image, influenced by cultural factors such as beauty standards, but we could go much further, speaking from hygienic habits, culturally conditioned, to issues of human sexuality, subject to mechanisms of repression influenced by social factors, as shown by Freud's theory of psychosexual development.[30] The very way in which the body is seen as object of study is not exempt from socio-cultural influences. It is not true, for example, that the body is the same analyzing it from the prism of our Western science, or from Eastern medicine, to which the body has channels of energy (meridians), chakras etc., elements that can not be verified according to the criteria of our scientific perspective, markedly positivist and also culturally conditioned.

The influence of the external world on the individual, nevertheless, does not occur only in the social aspect, but also in the environmental aspect. Studies such as that carried out by Halpern and Figueiras (2004) demonstrate how much the environment can influence the development of children. Of course, we could also think about the effects that a stressful environment can generate in the psychological and, as in consequence, also on the physical health of the individual, whether we consider, for example, as a stressful environment an unhealthy work environment or even a densely urbanized environment

[29] Although it is also questioned that psychoanalysis is science.
[30] It should be noted that Freud's psychosexual development presupposes a specific family structure composed of father, mother and children, as is clear to us, above all, by the notion of Oedipus complex, and that family relations are capable of influencing the direction of psychosexual development.

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dominated by progressively life rhythm. Studies such as that by Forattini (1991) demonstrate the relationship between environment and quality of life. It should also be noted that the International Classification of Functioning, Disability and Health (ICF) Model includes environmental factors as determinants of health-disease (OMS, 2004).

Relations between religiosity or spirituality and health have also been widely supported by studies such as that of Sanchez and Nappo (2008), which demonstrate the positive influences of religious interventions on the recovery of drug addicts; and such as that of Fornazari and Ferreira (2010) about the relationship between religiosity or spirituality and quality of life in cancer patients and others. It should not be forgotten, however, that it is not only what science can prove that attests to the relationship between faith and health, but also, and perhaps above all, what it can not prove, such as cases of miraculous cures, inexplicable from a scientific point of view, such as those occurred in Lourdes. In short, we have strong scientific reasons that corroborate the point of view of the oneness of the human being itself and in relation to what surrounds him. We can see this perspective also reflected in the main instruments of health evaluation and correlated concepts.

The Nottingham Health Profile evaluated at different levels and physical components such as energy, pain, emotional reactions, sleep, social interaction and physical abilities, demonstrating that health can be considered as multifactorial (SOUZA and FILHO, 2013, p. 122). Other instruments goes on the same way of defining health, such as PULSES Profile, which evaluates the physical condition, upper and lower limb functions, sphincter control, family, emotional, intellectual, financial and social support; the Sanford Health Assessment Questionnaire, which evaluates the impact of the health-disease condition related to life quality in daily routine; the COOP Charts for Primary Care Practice, which evaluates physical activity, feelings, activities of daily living, social activities, pain, changes in general health, social support and life quality; and the WHOQOL, which measures physical and psychological factors, independence level (mobility, daily life activities, medication or treatments dependence, the ability to the work), social relations, environment and spiritual aspects (SOUZA and FILHO, ibidem, p. 122-123).

CONCLUSION

That said, it becomes clear that human health is a complex unity impassible to be exhausted by a single discipline or area of professional activity, so that the complexity

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of the human being and the construct "health" must be inextricably related to an interdisciplinary perspective. The aim of interdisciplinarity, nevertheless, is not to dilute all the specificities and the different areas of study and professional activity in a homogeneous and undifferentiated whole, in order to make all formations too generic to distinguish between them, but to make each area and each field of professional action to recognize its own limits in the face of the complexity of the human being and human health. The recognition of such limits should be a motivating factor for the academic and the health professional to unceasingly seek to move beyond the boundaries of their areas to seek the collaboration of other disciplines and other professionals. Human health is too complex to be monopolized by doctors, or by psychologists, or by nurses or by pharmacists. The collaboration from all areas in health promotion is needed.

It is a fact, nevertheless, that this collaboration does not take place without the professional having a minimum knowledge base in other areas, in such a way that, without this knowledge, the professional is unable to effectively promote the health of his patients. We can cite as an illustration the example of the psychologist who, treating a patient with depression, ignores whether the depressive condition is generated by factors external to the individual (social, environmental, experiential factors etc.) or if it is caused by a deficiency in the production of neurotransmitters such as serotonin, related to mood. How could he, in this case, adequately treat a patient presenting a depressive condition of physiological causes if, by ignoring the knowledge in the field of physiology, he is unable to identify the true cause of the problem? How would he know when to refer the patient to another professional when necessary? How could he solve an organic background problem with simple psychotherapy? Similarly, how could a doctor treat a depressed patient only through medication when depression arises not from physiological factors, but is generated by social and external to the individual factors? And how could he identify the real cause of the problem if he completely ignores psychology? Or how could he refer the patient to a psychologist?

As conclusion, necessary is to question what is, then, the role of the academic and health professional as a social agent. We could respond to this questioning by stating that it is necessary for the academic and the health professional, perceiving the complexity that is the human being itself, to assume the role of defending an interdisciplinary logic in the structuring of the health services, so that different professionals can together collaborate effectively in the promotion of individual and collective health; and also that they defend a new formative logic, so that graduations, specializations, masters and doctorates are not only committed to the formation of academics and professionals ultra-specialized in a small part of the knowledge, but also commit themselves to decentralize the student and

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the professional of the limits of his own horizon of action, making him realize the need for a joint and collaborative work.

This paradigm which shift towards interdisciplinarity must begin in each area, at the initiative of their respective academics and professionals. But the ultimate goal is that every major area - the health sciences, the humanities and the juridical sciences, the sciences of nature etc. - walk towards a systematic unity of the sciences[31] and work together and dialogue for the common good, or – as Pope Benedict XVI would say brilliantly in the encyclical letter *Caritas in Veritate*, I, 18, and Pope Saint Paul VI in the encyclical letter *Populorum Progressio*, 14 – for the integral development of man, that is, the development of every man and of the whole man (PAUL VIb, 2019b, BENEDICT XVI, 2019), which comes to being through "a global vision of man and of the human race" (BENEDICT XVI, idem), so that "if it does not involve the whole man and every man, it is not true development" (idem). The global or totalizing view of man – which, as the same Saint Paul VI says in his *Humanae vitae*, transcends limited aspects such as biology, psychology, demography or sociology (PAUL VI, 2019a) – is, therefore, the presupposition of all true human development, that is, "authentic human development concerns the whole of the person in every single dimension" (BENEDICT XVI, op. cit., 11). This "requires a commitment to foster the interaction of the different levels of human knowledge in order to promote the authentic development of peoples" (ibidem, 30).

REFERENCES

AGOSTINHO, S. **O livre-arbítrio.** Tradução, organização e notas: Nair de Assis Oliveira. São Paulo: Paulus, 1995.

BENEDICT XVI. **Caritas in Veritate**. Disponível em: <http://w2.vatican.va/content/benedict-xvi/en/encyclicals/documents/hf_ben-xvi_enc_20090629_caritas-in-veritate.html>. Acesso em: 30 de abril de 2019.

BRASIL. **SUS passa a oferecer terapias alternativas para a população**. Disponível em: <http://www.brasil.gov.br/noticias/saude/2017/01/sus-passa-a-oferecer-terapias-alternativas-para-a-populacao>. Acesso em: 20/11/2018.

[31] "Systematic unity of sciences" understood, here, in a somehow hegelian sense.

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COSTA, M. R. N. **10 lições sobre Santo Agostinho**. 2ª ed. Petrópolis, RJ: Vozes, 2012.

COURTOIS, S., WERTH, N., PANNÉ, J. L., PACZKOWSKI, A., BARTOSEK, K., MARGOLIN, J. L. **O livro negro do comunismo: crimes, terror e repressão**. Tradução de Caio Meira. Rio de Janeiro: Bertrand Brasil, 1999.

DESCARTES, R. **Os pensadores**. 1ª ed. Tradução de Guinsburg e Bento Prado Júnior. São Paulo: Abril Cultural, 1973.

ECKHART, M. **Sermões alemães: volume I**. Tradução e introdução de Enio Paulo Giachini. Bragança Paulista: Editora Universitária São Francisco; Petrópolis: Vozes, 2006.

FARINHAS, G. V., WENDLING, M. I., DELLAZZANA-ZANON, L. L. Impacto psicológico do diagnóstico de câncer na família: um estudo de caso a partir da percepção do cuidador. **Pensando famílias**. Porto Alegre, vol.17, n.2, 2013, pp. 111-129.

FORATTINI, O. P. Qualidade de vida e meio urbano: a cidade de São Paulo, Brasil. **Rev. Saúde Pública [online]**, São Paulo, vol. 25, n. 2, 1991, pp.75-86.

FORNAZARI, S. A. FERREIRA, R. E. R. Religiosidade/espiritualidade em pacientes oncológicos: qualidade de vida e saúde. **Psicologia: Teoria e Pesquisa**, Brasília, vol. 26, n.2, 2010, pp.265-272.

FOUCAULT, M. **História da loucura**. Tradução de José Teixeira Coelho Netto. São Paulo: Editora Perspectiva, 1978.

FRAILE, G. **Historia de la filosofía II (Iº.)**. Madrid: Biblioteca de Autores Cristianos, 1986.

FREUD, S. **Estudos sobre a histeria.** Rio de Janeiro: Imago, 1996.

HALPERN, R., FIGUEIRAS, A. C. M. Influências ambientais na saúde mental da criança. **J. Pediatr. (Rio J.) [online]**, Rio de Janeiro, vol.80, n.2, 2004, pp. 104-110.

Temas em Saúde
Vol. 19, N. 2
ISSN 2447-2131
João Pessoa, 2019

Artigo

HASSENSTEIN, T. **Experimentos comprovam a eficácia do placebo**. Disponível em: <https://www.dw.com/pt-br/experimentos-comprovam-a-efic%C3%A1cia-do-efeito-placebo/av-43597400>. Acesso em: 20/11/2018.

HEGEL, G. W. F. Crítica moderna. *In:* SOUZA, J. C. **Os pré-socráticos (coleção Os Pensadores)**. São Paulo: Nova Cultural, 1996.

JOLIBERT, B. **Sigmund Freud**. Tradução de Elaine Teresinha Dal Mas Dias. Recife: Fundação Joaquim Nabuco, Editora Massangana, 2010.

LOURES, D. L., SANT'ANNA, I., BALDOTTO, C. S. R., SOUSA, E. B., NÓBREGA, A. C. L. Estresse mental e sistema cardiovascular. **Arq Bras Cardiol**, São Paulo, vol. 78, n. 5, 2002, pp. 525-30.

MARTINS, C. B. **O que é sociologia**. 38ª ed. São Paulo: Brasiliense, 1994.

NIETZSCHE, F. **Assim falava Zaratustra**. Tradução de Antonio Carlos Braga. São Paulo: Escala, 2013.

OMS. **Classificação internacional de funcionalidade, incapacidade e saúde**. Lisboa: OMS, 2004.

OMS. **Estratégia de la OMS sobre medicina tradicional: 2014-2023**. Disponível em: <http://apps.who.int/iris/bitstream/handle/10665/95008/9789243506098_spa.pdf?sequence=1>. Acesso em 20/11/2018.

PAUL VI. **Humanae vitae**. Disponível em: <http://w2.vatican.va/content/paul-vi/en/encyclicals/documents/hf_p-vi_enc_25071968_humanae-vitae.html>. Acesso em 30 de abril de 2019a.

PAUL VI. **Populorum progressio**. Disponível em: <http://w2.vatican.va/content/paul-vi/en/encyclicals/documents/hf_p-vi_enc_26031967_populorum.html>. Acesso em: 30 de abril de 2019b.

PLATÃO. **A república**. Tradução de Leonel Vallandro. Rio de Janeiro: Nova Fronteira, 2011.

Temas em Saúde
Vol. 19, N. 2
ISSN 2447-2131
João Pessoa, 2019

Artigo

ROCHER, G. **Sociologia geral**. Tradução de Ana Ravara. Lisboa: Presença, 1971.

ROUSSEAU, J. J. **O contrato social**. Bauru, SP: EDIPRO, 2011.

SANCHEZ, Z. M., NAPPO, S. A. Intervenção religiosa na recuperação de dependentes de drogas. **Rev. Saúde Pública [online]**, São Paulo, vol. 42, n.2, 2008, pp.265-272.

SILVA, S. S., AQUINO, T. A. A., SANTOS, R. M. O paciente com câncer: cognições e emoções a partir do diagnóstico. **Rev. bras.ter. cogn. [online]**, Campinas, SP, vol.4, n.2, 2008, pp. 73-89.

SOARES, H. L. R., COSTA., R. A., MESQUITA, E. T. Depressão e as doenças cardiovasculares. **Rev. Dep. Psicol.**, Niterói, vol. 18, no. 2, 2006.

SOUZA, D. E.; FILHO, N. A. Medindo a saúde. *In*: FILHO, N. A.; BARRETO, M. L. **Epidemiologia & saúde: fundamentos, métodos, aplicações**. Rio de Janeiro: Guanabara Koogan, 2013.

UHLEIN, G. **Meditations with Hildegard of Bingen**. Rochester: Bear and Company, 1983.

WEAVER, R. **Ideas have consequences**. Chicago: The University of Chicago Press, 1984.

WHITE, M. **Isaac Newton, o último feiticeiro**. Rio de Janeiro: Record, 2000.