

# Editorial

There are at least two reasons why this can be considered a commemorative number of *Saúde e Sociedade*.

The crescent demands for publications imposed by CAPES (Brazilian's Agency for the Improvement of University Researchers) act, at the editorial market level, as a stimulus to the creation of new journals or to the strengthening of the existing ones. Journals have to face stricter criteria for classification in order to contribute to the internationalization of academic production. We are pleased to inform that *Saúde e Sociedade* has been upgraded to B2 level in the field of Collective Health due to a criteria update.

Most of the texts we receive are formed by papers produced during academic training of the authors in different levels, from scientific initiation to post-graduate studies, which, by their turn, give the feedback to evaluation of Post-graduate Programs.

The production of papers in this circuit is under the scrutiny and careful consideration of authors and editors. Despite some awkwardness, this process, duly denominated *produtivism* - contested by some, praised by others - allows the science we produce to have public existence and visibility. It is in this circuit, besides, that critical considerations are expected, particularly from academic peers.

The recent upgrade of this journal is at the center of a process: it is the result of the efforts towards the improvement of the journal, and leads us to constantly revise and perfection received papers' evaluation parameters. This is a recurrent practice at the Editorial Board meetings, and requires discernment and critical posture towards the crescent quantity of papers received, the timeliness of return to the authors and the consolidation of our editorial profile.

The first two articles in this number - written by Ana Maria Canesqui and Maria Andréa Rios Loyola - take the characteristic points of this journal's profile (critical perspective of social sciences and discussion of health-society relationship) to approach the central theme of the V Brazilian Congress of Social

and Human Sciences in Health, which occurred at São Paulo in 2011.

It is interesting to notice that these papers dialogue with the one written by Madel T. Luz which was published at 2011's first number of *Saúde e Sociedade*, as a deployment of another meeting - the II São Paulo's Encounter of Social and Human Sciences in Health, which happened in 2009 promoted by São Paulo's Public Health Association and Journal.

At that time, Luz exposed the relationship between economical exclusion of vast population segments of our society and the presence, in all forms of social interactions, of 'murderous' anti-social and anti-personal values such as individualism and unethical conducts. Environment and intellectual work do not escape the widespread subjugation of living conditions that results in different forms of disease, in particular stress and chronic diseases. Inside different fields of knowledge, propagation of human sciences' methodology and extension of health related themes are recognized through the amount of papers published with these characteristics.

We know, however, that this propagation has made its toll to social and human sciences - the instrumental incorporation of categories that should have been passed through an interpretative sieve strongly founded by theories not completely propagated or assimilated in researches. Social scientists and other professionals that work at the field of collective health have pointed the theoretical fragility - one could say superficiality - of existing post-graduate programs. It comes to light by the time when researches are turned into papers submitted to scientific journals.

Theoretical fragility results in difficult interlocution between different fields of knowledge, and strengthens the critics that accuse social sciences of not being rigorous, of being subjective. Even though collimated objectives are shared by sciences, lexical and episteme differences lead to diverse practices which do not recognize themselves easily. This is highlighted by Ana Canesqui and Loyola.

Critical, reflexive and non-pragmatic - that's how Canesqui defines social sciences' classic epistemological, sociological and historic thought regarding biomedical knowledge and practices. In order to discuss the place of social and human sciences inside collective health, the author has made a selection of papers published in seven specialized journals, using self-reference to qualitative research as selection criterion.

Comparing her results to the ones from an anterior research, Canesqui points out the innovations that occurred during the 16 years analyzed. She draws our attention to certain disturbing facts: the prevailing use of medium-range theories that, in single disciplinary approaches, results in lack of communication with other sciences in the field.

Loyola, in turn, delimits the place of social sciences in the academic field of collective health, and takes it as a social system in which these sciences are the very basis: their theoretical and methodological contributions work as the basis of the knowledge produced in this field. According to this author, the fact that they do not take a central place in them is due to a crescent focus in the term and practices of *health*, be it as knowledge production activities or as professional/political intervention activity. This shift is not done without problems, to the social sciences 'applied' to health and to the field; instead of searching to build knowledge that explains the complexity of the field, what we see is that tensions are stirred among its different constitutive areas. There another instigating question in the article - the loss of the original idea of collective health, pointed by the author as a harmful consequence, perhaps transitory, of this process.

If we consider the relevance of historical and epistemological landmarks in the process of knowledge construction, these two articles beacon the

others presented here and highlight attributes that are dear to our publication criteria - the essential theoretical basis of collective health, rigor, ethics and critical analysis.

It's been through a theoretical and methodological approach that Mazza and Vasconcellos analyze the routine of public health investigation. Castro e Silva, Nakamura and Mendes take ethics and autonomy as dimensions to construe training in qualitative research. Maciel-Lima and Rasia, in their turn, consider the subjective dimension involved in image interpretation inside a hepatic transplant team.

There are three exploratory studies of foreign authors: one about Mozambican population regarding malaria; one about users and professionals' views of Spanish public health system; finally, a paper about disrespect regarding cultural origin in the unequal power relations among professionals and immigrant mothers from Cape Verde, attended to in Portugal.

Some articles discuss recurrent themes at *Saúde e Sociedade*. This is the case of nutritional safety, social participation and mental health / psychic suffering. Their inclusion in this number is precisely due to its focus either in health policies or in social groups little studied: that's the case of burnout syndrome amongst teachers or work overload of community health agents.

Expecting to offer a profitable and reflexive reading, there are still some articles 'oxygenated' by renewed approaches, such as sexual satisfaction of elderly men, an extended view of the relations between physical activity and quality of life, and the perception of the body after the contact with Traditional Chinese Medicine.

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In behalf of the Editorial Board