

OTHER ANGLES. CONTRIBUTIONS OF NIETZSCHE'S PERSPECTIVISM TO THE CLASS IN HEALTH EDUCATION

PARA MÁS OJOS. APORTES DEL PERSPECTIVISMO NIETZSCHIANO AL AULA DE EDUCACIÓN PARA LA SALUD

POR MAIS OLHOS. CONTRIBUIÇÕES DO PERSPECTIVISMO NIETZSCHIANO À AULA NA FORMAÇÃO EM SAÚDE

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Resumo: Entendemos que as práticas em Saúde estão relacionadas aos modos como os trabalhadores têm firmado, usado e constituído os conceitos que estabelecem as Ciências da Saúde e os métodos e estratégias de ensino-aprendizagem na área. Este estudo, de caráter ensaístico, tem, por objetivo, discutir as contribuições de elementos do perspectivismo nietzschiano, para repensar a aula na formação em saúde. Propõe, portanto, a constituição de uma visão sobre o assunto, a partir de três tópicos de discussão: 1. Ensino e pesquisa em Saúde; 2. A cena da aula e a peste; 3. Do perspectivismo à didática artista da tradução.

Palavras-chave: Educação em saúde. Aula. Perspectivismo.

Abstract: Health practices are related to how workers have consolidated, used, and set the concepts that establish the Health Sciences, and the teaching-learning methods and strategies in the field. This essayistic study discusses the contributions of elements of Nietzsche's perspectivism, to offer a new way of thinking about the class in health education. It proposes to establishing a view on the subject, based on three topics of discussion: 1. Education and Research in Health; 2. A comparison between the class — as a scene — and the plague of Marseilles of 1720; 3. From perspectivism to the artistic didactics of translation.

Keywords: Health education. Class. Perspectivism.

Resumen: Entendemos que las prácticas en salud están relacionadas con las formas en que los trabajadores han establecido, utilizado y constituido los conceptos que establecen las Ciencias de la Salud y los métodos y estrategias de enseñanza-aprendizaje en el área. Este estudio ensayístico tiene como objetivo discutir las contribuciones de elementos del perspectivismo nietzscheano para repensar la clase en educación en salud. Por lo tanto, propone la constitución de una visión sobre el tema, a partir de tres ejes de discusión: 1. Enseñanza e investigación en Salud; 2. La escena de clase y la peste; 3. Del perspectivismo a la didáctica del artista de la traducción.

Palabras clave: Educación para la salud. Aula. Perspectivismo.





INTRODUCTION

From *Didactica Magna* – the art of teaching everything to everyone, Comenio (2006) to what teachers actually experience today in teaching and learning, methods are sought that will fulfill the commitment to training in higher education. But before training health professionals, it is first necessary to prepare good technicians, who can work efficiently alongside communities and entire populations, providing health care and establishing a partnership to achieve the desired outcomes.

According to the National Curriculum Guidelines (2021), the focus of health training is the longitudinal generalist care of a group of people in a territory, involving a broad knowledge of varying specialties and professions, through the integration of their field and work centers (CAMPOS, 1996).

In this sense, health education is expected to enable future professionals to take leading roles in generalist teams, interacting with other experts in an interprofessional way, as part of the daily routine. Health professionals are also expected to have critical, creative, and reflective capacity concerning their daily work, especially when there are no ready-made guides and models to be followed when it comes to individual, group, interdisciplinary, health, and health management actions.

In a legitimate search to account for the training of these professionals, encouraging students to become more proactive in their own learning processes is seen as a way to overcome the traditional “banking” education, a term coined by Freire (2005), whereby information is simply deposited into the students – a practice that still forms the foundation of our teaching practices in the Health Sciences. But the students are challenging it: they yearn for a health care that materializes in a diagnosis-prognosis-treatment plan roadmap, precisely because the roadmap serves as a haven. Educators, for their part, feel obliged to hold this place: showing the way, giving clues, prescribing behavior, and reciting the lines.

In an attempt to move away from more traditional teaching techniques, “working our ways out” (NIETZSCHE, 2008, p. 558) around prescriptive educational models, with promises of savior, in *a priori* sequential steps. We ended up improving teaching and learning. In this context of overcoming authoritarian and mass-produced Health training models, we run the risk of simply reacting to them without, however, definitively moving away from their imperative rationale. While on the one hand, traditional education is centered on the teacher who holds knowledge, on the other hand, if we make a simple inversion movement, we will maintain the polarization and the presence of a didactic script to be followed.

We understand that health practices relate to how workers have consolidated, used, and set the concepts that establish the Health Sciences and the teaching-learning methods and strategies in the field, and that these concepts are theoretically and practically composed in training and continuing education.

What has been missing from our health education processes? What concepts have



we been managing? What has supported our teaching procedures? We need to train students to think independently as professionals, acting creatively in order to meet future health demands (BIATO; CECCIM; MONTEIRO, 2017). In this sense, teaching in higher education in health presupposes its consideration as a profession and a thought-provoking action, as a teaching-research activity (CORAZZA, 2011), permeated with self-criticism, in a constant reflective action.

This essayistic study aims to discuss the contributions of Nietzsche's perspectivism elements, in order to offer a new way of thinking about the class in health education. It proposes to establish a perspective based on three topics of discussion: 1. Education and research in Health; 2. A comparison between the class — as a scene — and the plague of Marseilles of 1720; 3. From perspectivism to the artistic didactics of translation.

We take, as a reference, an excerpt from Nietzsche's *The Genealogy of Morals*, which can contribute as an element of reflection on the incorporation of the artistic didactics of translation in health education.

The only seeing we have is seeing from a perspective; the only knowledge we have is knowledge from a perspective. The more emotional affects we allow to be expressed in words concerning something, the more eyes, different eyes, we know how to train on the same thing, the more complete our "idea" of this thing, our "objectivity," will be. (NIETZSCHE, 2009, p. 177).

In *The Genealogy of Morals*, Nietzsche examines how values arise. He claims that these do not exist eternally, but arise at some point, made up of valuations, and even valuations must be evaluated on their values. He highlights that man can be the seat of all values, transforming those that are already established and fixed, Marton (2013). We propose, therefore, an exercise in recovering values and composing a perspective knowledge.

EDUCATION AND RESEARCH IN HEALTH

"The only seeing we have is seeing from a perspective; the only knowledge we have is knowledge from a perspective"
Friedrich Nietzsche

It is undeniable that the establishment of the field of Health as a science advances in relation to knowledge based on myths and empirical methods lacking methodological rigor. Therefore, overcoming doubtful elements of common sense, scientific knowledge is the firm ground for developing its practices (SIGERIST, 2011, p. 172). Sigerist understands Medicine as a *tekhné*; a craft that applies theories; historically, whenever a distance is established between theory and practice, science stands still and does not advance. Therefore, the author proposes increasingly strong links that define the inseparability of theory and practice or



education and service.

The philosopher and physician, Canguilhem (2009) focuses on Medical Sciences to carry out thought practices on what came to be called normality or pathology, over time, necessarily involving socially constituted values. This notion suggests that throughout history, scientific advances have allowed for increasingly accurate diagnoses, such as the ability to visualize cells under a microscope, knowledge of drug uses, and a better understanding of the routes of infection of certain diseases, or the links between lifestyle and diseases.

The concept of health is closely linked to the concept of disease, and involves its nature, causes, and meanings in culture and social spaces. It is, therefore, a complex and enigmatic concept, (PORTER, 2006). Roy Porter also draws elaborate the disease from the personal experience of being sick and, from the health professional's perspective, the need to highlight objective aspects of the disease from facts that establish diagnosis and prognosis.

This pattern has guided the training path in Health: the criteria for health and disease that traverse this field of knowledge seem to be populated by a longing for strict terms. This is because health professions are tasked with materializing ideals of longevity, quality of life, and well-being in the clinic and collective health. These are legitimate and noble commitments that, however, could be carried out in a way that is less tied to diagnosis-prescription behaviors or grouping types that stifle the production of singularities (CECCIM; MERHY, 2009).

In this aspect, health professionals and teachers risk adopting uncritical and even dogmatic behavior as they practice truth-desiring thinking and teaching (Nietzsche, 2005, p.9). The desire for truth establishes absolute models for valuable and relevant knowledge, which leads us to look at the body, health, and life, fixing binary oppositions when it comes to states of health and disease, seen as good and evil (BIATO; COSTA; MONTEIRO, 2017). The desire for truth becomes a pretentious attempt to make all things thinkable, stabilize knowledge, and smooth out surfaces to gain security (NIETZSCHE, 2011).

Derrida & Roudinesco (2004) address the theme of science and scientism, and make it clear that "it is necessary to be vigilant against scientism in the name of science" (p.64). Scientism is characterized by the premise that science, in all cases, can provide us with the correct answers to phenomena; it operates, therefore, with a low level of self-criticism and – sometimes dogmatic – fixed operations.

The Nietzschean excerpt cited above (2009) –"The only seeing we have is seeing from a perspective; the only knowledge we have is knowledge from a perspective" (p. 177) – seems to broaden the debate about the way we conceive science and our knowledge. If we recognize that, instead of having facts, we are addressing different ways of looking at what happens, we can start resisting the determinisms inherent to the scientism-serving machines.

The proposal is to experiment with different viewpoints for interpreting the world and the phenomena, considering what is already established, but critically, and with a



possibility of expanding and even transforming the view. Thus, in Nietzsche, there is an effort to annihilate the notions of fact and foundation, considering that different perspectives are the ones that can express the *becoming* — the continuous movements of coming into being of bodies and events — in a way that resembles it as something that is (AZEREDO, 2012).

The recognition that we are restricted to our possibilities of looking at things seems relevant:

we cannot see beyond our corner: it is a desperate curiosity to know what other kinds of intellect and perspective there could be... The world has again become "infinite" for us: insofar as we cannot reject the possibility that it encloses infinite interpretations. (NIETZSCHE, 2001, p. 278).

the production of scientific knowledge is essential in higher education in health, and research is closely linked to the class, making it more powerful. Corazza (2013) and Franco (2008) discuss the inherency of research in the daily teaching practice, as it enables the acritical reproduction of a given knowledge to be overcome.

A predominant feature in research (and therefore, in the class) in the field of health is the search for scientific evidence that proves the veracity and minimal existence of bias in the studies in question. Thus, we systematically seek to obtain evidence that answers the questions at hand to support the composition of thinking about health (PEREIRA *et al.*, 2018). While very relevant as an instrument for establishing knowledge, composing science, and planning health actions, this gesture seems to lack the lucidity to recognize that the search for the stabilization of research elements and the truth are concessions made by thought, to make the study possible. However, "with Valéry, researchers must equip themselves with as much awareness as possible during any action; be it intimate, or actions that become art, philosophy, or science" (CORAZZA, 2012, p. 1018).

Strictly in the production of knowledge and the teaching process, it is necessary to recognize that we create mechanisms to approach, such as indicating the most effective medication or the most resistant restorative material in the patient's mouth. This knowledge, whose nature we build, is neither absolute nor permanent. However, lucidity leads teachers-researchers to approach their subjects and inhabit the class as people passing on ready-made precepts and filling in notions that are both established and open to new perspectives.

Perspective knowledge emerges as an understanding that there are interpretations, in the place where we thought there were facts and that "it is life as a dynamism of impulses, in its ascending and declining processes, which becomes a criterion for evaluating values" (AZEREDO, 2012, p.145).

The importance of perspectivism lies in the possibility of critically returning to





valuable truths that have petrified and become dogmas. When philosophizing with hammer blows, Nietzsche (2006) highlights that only overcoming the desire for truth, based on the will to create, will “hammer” the rocks of dogmatism and dualistic logic: “But to man doth it ever impel me anew, my fervent creative will; thus impelleth it the hammer to the stone” (NIETZSCHE, 2011, p. 135). With the hammer in hand, we recognize that the production of knowledge is always the experimentation of a perspective, which is established by our impulses and affections: education with hammer blows resembling the Nietzschean way of philosophizing (NIETZSCHE, 2006).

THE CLASS AND THE PLAGUE

“... the more perspectives, different perspectives, we
know how to use for this thing....”

Friedrich Nietzsche

The theater and the plague – the title of the chapter by Antonin Artaud (1999) – is twofold, like two inseparable elements; a composite that deliberately does not form a synthesis. Artaud (1999) states that the theater, like the plague, leaves no one untouched. It moves, removes, bothers, conjures the most intimate and concealed behaviors, and expresses experiences in unusual ways of acting.

Describing the plague that settled in Marseilles in 1720, Artaud highlights the egalitarian nature of the devastations it caused and the risks of contagion through simple contact. In the scene of bloody rivers, caregivers, corpses, and dying people roam as characters dressed in wax, with long noses, glass eyes, and mounted on a kind of Japanese sandals, made with an arrangement of wooden boards, one horizontal, in the form of a sole and the other vertical, to isolate them from infected spirits.

Stepping on this ground, being contemporary with events like these, upsets communities, gives rise to a particular fascination stemming from the shock. The plague “takes dormant images (...) and suddenly leads them to the most extreme gestures” (p. 24).

Similarly, the theater also puts communities in trouble. It inaugurates links between imagination and materialization. It creates unusual images and thoughts, unsettling the rest of the senses. Thus, the theater opens windows to the incalculable, instigating dormant sensations and feeding forces that suffered from starvation (NIETZSCHE, 2004).

Thinking of the class as a scene leads us to this notion. It is undeniable that the class has its scripts: curricular matrix, course pedagogical project, National Curriculum Guidelines, an educational plan, a lesson plan, menus, classic texts, papers, and contemporary productions, to name but a few.

A script in the radical Artaudian theater of cruelty should be discarded, murdered –



suffer parricide. The father's death in the text (script) symbolizes rigor: the scene needs the freedom to let life leak out into body, voice, and self-movements. In this sense, the lesson-scene scripts have some porosity vis-à-vis the performance of actors (teacher and student) – not simply a generalized improvisation – in expressions of their ways of using everything they studied and seen, their lookouts, all their rehearsal, and power.

A crucial feature of this theater proposed by Artaud is the impossible passivity: the end of voyeurism is established, as spectators do not watch passively. The scene acts in a similar way to the plague, disrupting people's routine, turning them inside out, moves them, removing them from their regular routines, and making them look inside themselves. There is no room for simply watching, as even this causes inclusion in the scene.

The class as a scene in health courses still seems to hold a place for the hierarchy between those climbing the platform and those watching comfortably and passively, as we see in the research carried out by Biato *et al.* (2020), with higher education professors in health: while teachers have cited measures to cope with class formats based on a transmission-reception model, presenting the limits of these practices, they still seem to have confidence in this approach.

We believe that the search for alternative ways of teaching and learning in health is necessary, to keep up with changes in society, respond to the health needs of the population Batista & Gonçalves (2011), and awaken interest and maintain attention. We have struggled for a long time to overcome the "banking" education and hierarchical knowledge-holding models. However, it is necessary to be cautious with movements that only invert the vector's direction, as they can remain imperative and become superficial in the automatic implementation of active methodologies.

Ceccim and Cirino (2017) discuss the idea of an education that sets itself in motion and thus includes innovative aspects, both regarding health services and curriculum dynamics and teaching methods. They state that "curriculum innovation is not just the addition of new content to the curriculum, but also involves innovative teaching processes, interaction with the world of practice, and interaction with the social world" (p.13).

A deeper understanding is needed of which group of thoughts and practices we are dealing with when we refer to innovations and use expressions about health education methods. In the quest to overcome the transmission-reception model historically used in education, there is a risk of falling into the imposition of the same model: another asymmetrical relationship is established to overcome the passivity of the student against the teacher's authoritarianism, in which the transmitters are the training courses or pedagogical projects and the receivers are the teachers, who become mere reproducers of ready-made models (BIATO; TESSMANN; GRIBOSKI; SILVA, 2020). Some marketing and even coaching exercises sell teachers techniques that work and, thus, should be reproduced in health education.

The absolute truths of the subjects, which were located in the teacher in traditional teaching practice, are still found in the scientific rigors, the standards of what is acceptable





or not in academic production, and the script of the steps to be followed by teachers and students. In this sense, we have walked – even in the search for teaching innovations – along paths that are as dogmatic as those we had previously experienced. In a dream of less captive teaching, such as that which Corazza (2019) calls the curriculum poetry dream, we can move from theater to plague, and from plague to the class.

Hectic and agonized teaching, but with aesthetic fruition, full of veils that scratch the thin dreamlike and poetic borderline, loosen its contours, and mirages sprout from there. Teaching that creates its world, like a daydreaming machine. Teaching that emits screams of fear and war chants against religious idealism, political rhetoric, and moral nonsense. Teaching as a proliferation of daydreams, rectifying reality, creating a lacework made with diamond stones. Teaching as an ocean of the impossible, so unpredictable that we would no longer need to transcend. Teaching made up of distant and haunted places and near and inapprehensible passages. Teaching woven in the long nights of time, by an archive woven by the poetry of said-and-done quip (p.2).

On stage, teachers and students can see themselves driven to break with passivity, even in the dwelling of formal spaces. The class uses scripts as its basis. However, it no longer pursues them fanatically; instead, they are filled by the actors: their tracks, their gestures in the singular proposition of ways of being and doing. In the impossibility of voyeurism, teachers and students start to gather poetry together, seeking to gain a better understanding of existing knowledge, establish new connections to form networks, open their eyes to dormant questions, and retrieve and examine the shiny, precious stones of scientific knowledge.

We should say that knowledge under constitution in higher education in Health is geared to the attention to people professionals will be responsible for. In Foucault's *The Birth of the Clinic* (2006) deals with "space, language, and death; it is about the perspective" (p. V). The glance summarizes caring, curing, preventing, and promoting health, also summing up bowing to life and death. It seems to be part of the work of doctors and health professionals.

The scene of meeting with the Other always has an incalculable dimension, as proposed by Derrida (2004), like a touch on the advent and unpredictable. Perhaps this is where scientific knowledge and responsibility lie: recognizing and self-preparing/preparing students for alterity, which cannot be determined, as it self-configures as something incalculable. It is an exercise in opening more views – not "voyeur" eyes – that can accept the different and the new.

contrapontos



FROM PERSPECTIVISM TO THE ARTISTIC DIDACTICS OF TRANSLATION

"...the more complete will be our concept of it..."

Friedrich Nietzsche

The complete that is not necessarily ready, but a full that can still be supplemented. In the Derridean perspective, a supplementation overflows, spreads, and fills beyond the edges.

In the supplement's graphics, the text is already a whole to which reading adds something. From the parricide, the death of the author as a father, as the "owner of the text's word", in intertextuality, reading builds the text's "drawing" (SANTIAGO, 1976, p. 54)

We understand the class as a space-time destined to the movement of teachers and students who, at every opportunity, find themselves in the gaps that are conducive to organizing different ways of teaching and learning.

On the one hand, the class is preemptively complete, as it is full of know-how clichés, regulations, curricular prescriptions, and guidelines. Before the class takes place, it is already full of what we are used to doing without reflection, as we were taught, on what we were asked to teach. On the other hand, the teacher becomes the author of the class when he or she thinks about the topic innovatively, establishing the class as a gesture of creation: clean, airy, alive, and invented, as proposed by Corazza (2013). With these assumptions, we see the class as an event, as an action that carries the power of establishing haecceities — individuations that occur as becomings, without the formation of a subject (DELEUZE, 1996). The created class – in place of the given class – seems to promote growth for the teacher and the student. It triggers changes, learning, and growing connections and encounters.

We consider, therefore, that the class, as an event, is not defined chronologically, nor is it defined as more or less significant facts. It becomes an unpredictable process, albeit well prepared and rehearsed (HATMANN; FONSECA, 2010). Seeing the class as an event in higher education seems to be a fertile field for creation, enabling a thought that is not previously determined by curricular norms and several natures. What, at first, binds us is also influential in leaving gaps where the creative, unthought, and singular can break through.

Specifically in health education, interprofessional action spaces seem to be influential in creating and expanding perspectives, as they further undergraduates' knowledge in the area of health in general, which makes the process of identifying diseases and morbidities more reflective and strengthens the diagnostic tools and therapeutic proposals presented (DOBSON *et al.*, 2009).





Ceccim (2018) highlights the importance of interprofessionality being effective in the encounter of workers who, besides their technical functions – and without abandoning them – act in a “space of concatenation, of intensities to be covered” (p. 1747), avoiding fragmentation. Thus, a shared composition of proper health care that achieves comprehensiveness and humanization is targeted.

Another aspect that emerges as a factor that promotes professional growth is the direct participation of the assisted community, mediated by students already providing health care services, whose contribution is made through the joint assessment of all regarding the quality of the services provided (DOBSON *et al.* 2009). This feedback becomes fundamental for planning the teaching-learning process in health, providing opportunities for all involved — teachers, professionals, students, and patients — to better understand the entire pedagogical/care process and its importance in providing a quality service that can serve the expectations of the population’s health needs, making the incorporation of new professionals into the communities more humanized.

Therefore, the strengths of those involved in teaching and health practice are expanded, perceived by the distributed role in the various actions in which each participant sees their contribution as relevant and rejoices in creative spaces. Students feel more valued when accompanying more experienced professionals in their work routine, and having the opportunity to see a direct link between the knowledge gained and the provision of solutions compatible with the health status of community members who, in turn, feel they have been better served because they see that their health needs are covered in the pedagogical content. There is also the satisfaction of teachers and professionals, identified here as a vital link that allows the union between students and the community, producing the services offered.

We note that learning inserted in health actions, the integration between teaching and service, and the opportunity to work in an interprofessional way offer a complete composition – albeit not closed or hermetic – of the concepts involved in the health-disease-care process, which are so vital for training in this field. In this context, the class – whether theoretical or practical – gains the richness of shared authorship as a supplementary writing. The educational “concepts” — “the more complete our ‘concept’ of it will be...” (NIETZSCHE, 2009, p. 177) remain within quotation marks, as they say, no more about the absolutes, the fixations, but about what is still open and can remain that way.

Linked to Nietzsche’s perspectivism, the artistic didactic of translation – a notion created by Corazza (...) – highlights the teacher’s will to power-as a desire to translate. It addresses the translational processes based on the ability to transcribe: translation as transcreation. When preparing his class, the **teacher** makes a first translation movement in the appropriation and preparation of concepts and ways of teaching. More potent than the fruitless attempt to transfer knowledge directly seems to be the process of transcreation, through which content and forms are transformed, bringing them closer to learning needs



and possibilities of carrying out, with the students, unusual practices of thinking about the studied subject.

When translating, teachers do not acquire and transmit, dominate and give, accumulate and pass on; for, if they did, they would accept that it was possible to apprehend, objectively, the accuracy of a given matter; which, by genesis, is inessential, mysterious, and unattainable...Teachers are, in the beginning, profane and magical readers and scholars; immediately, critics and recreating poets, who link (*tessera*) – complementation and opposition – between the distant past and the present; and on whose non-objective interpretation depends the course of matters in the future (CORAZZA, 2019, p. 6).

Thus, the artistic didactic of translation, which still circulates quite discreetly in debates about health education, seems to offer escape routes from the familiar places of our classes, based on the thought of difference. It is about treating the scientific without dogmatism and encouraging the teacher to assume his "artist's destiny" (CORAZZA, 2019, p. 10).

What is proposed is that the teacher can assume the class as someone writing a text, and, even when using what has already been written, feel free to make detours, turns, and circumvolutions, to associate the textbook with the actual experience – his own and those of his students –, the joys and ailments of the Brazilian population with whom the future professional will work, as much as he can associate. This text-class will hopefully be full of poetic exercise and open to co-authorship, with the reader's eyes and ears gaining hands, in a simultaneous practice of writing, such as writing-reading (CORAZZA, 2008).

By signing as the author of the text-class, the teacher finds a teaching style (BIATO; TESSMANN; GRIBOSKI; SILVA, 2020) and self-creates, as the text inaugurates its subscriber, in a mixture of life and work (DERRIDA, 2009). The same occurs with the student who, as a reader, self-immerses in the same desiring work of a writer, with his performative force.

FINAL CONSIDERATIONS

In the training process of health professionals, whether at the outset or in permanent education spaces, we notice that we do not need to change the characters, keeping the logical sequences of steps that are a specific way of teaching and learning. It seems necessary to transcribe, change the logic, rhythm, and tone: hammering out absolute truths and opening up possibilities of not thinking so fixedly about forms, but choosing the chaos of not predicting the exactness of how one learns.

In this context, this essay addresses aspects of Nietzsche's perspectivism, which seem to contribute to the idea of the teacher's creative powers and the possibilities of giving voice to students, in an exercise of opening up more perspectives on the same phenomena.

We address the value of establishing knowledge in Health and resisting scientism,



based on a critical scientific practice that may even involve self-criticism (on the part of researchers and teachers-researchers). The recognition that knowledge is always perspective calls the teacher to study, think, and establish premises and viewpoints, but while still raising questions, understanding that this just one possibility of thought, among many others. It is his way out of dogmatism.

The relationship between the theatric scene and the class points to an overcoming of students' passivity, a more intensely provoked and instigated connection with what is taught and learned, as a shared and interested composition.

An association of multiple perspectives is made with the notion of translating as an opening up to the new, as transcreation. These are movements of becoming – of artists-teachers, professionals capable of addressing unpredictable health realities of the population with which they will work.

As an alternative to movements that can impel Health teachers to adhere to ready-made teaching-learning models, of quick understanding and adherence and almost with a promise of immediate results, it is important to reflect on the teacher's role as the author of his ways of being a teacher. Many models do not even come close to drawing out teachers' creative potential, or their ability to impart classical knowledge in contemporary and innovative ways. More than training and scripts, health professors and students seem to want spaces for creation so that they can sign their classes, performatively.

It seemed relevant to us to experiment with these perspectives at the object of study – the class in health education – as it allowed us to consider the role of the teacher as a didactic artist, and the class as an open space for the creation of new values: a powerful meeting of translation as transcreation.

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contrapontos

