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Brazilian researchers in Medical Anthropology Postgraduate Studies in Spain: Experience Report

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The purpose of this manuscript was to report and discuss the experience of Brazilian health researchers, going through a program in the area of anthropology. This experience report aims to acknowledge and critical discuss the experiences of the researchers in the anthropology field of continued and permanent education, in the background of the PhD course in Anthropology and Communication of the Universitat Rovira i Virgili in Tarragona, Spain. The immersion studies on medical anthropology and global health done by the researchers widened their understanding of the health-disease-care process, enabling the analysis of the phenomenon from another perspective, where the society and cultural values are strongly present.

Keywords: Medical Anthropology. International educational exchange. Continuing education. Incorporation of anthropological knowledge.

Introduction

In recent years the Brazilian graduate studies pursued systematically the internationalization of their programs through different strategies. It is worth

considering that the internationalization of knowledge is an important indicator providing exchange of knowledge and experiences with high scientific merit institutions and researchers and promoting the development of skills and abilities needed to produce knowledge[1].

Sending researchers (both professors and students) abroad contributes to the consolidation of partnerships and production of knowledge between Brazilian and international groups. However, sending researchers abroad, in spite of its well-known benefits, also creates challenges of integration and management of the work process in foreign countries. These challenges occur not only in the academic dimension but also in the socio-cultural sphere that extends beyond the scientific production process. Challenges to be faced range from the development of new communication skills (language) and establishment of interpersonal relationships, to the development of routines and daily life in the new city. However, to cope with such challenges, overpassing the boundaries of Brazil with other countries can be instrumental in building new practices in the field of teaching, research and care practices in health [2-4].

It is worth considering that the search for internationalization is a global phenomenon, and that adaptation and integration challenges also occur with foreign students in our country[5]. In contrast, although there are still barriers to overcome in order to attract international researchers to Brazil, there is a growing trend in this direction[6].

Data from the Coordination for Higher Education Personnel Improvement (*Capes* in Portuguese) show that in 2009,105 scholarships for Full PhD, 847 scholarships for "*sandwich*" Doctoral Training, 361 grants for Postdoctoral Training (*post doc*) and 79 Senior Placements were awarded, and Spain is the fifth preferred destination country chosen by the Brazilian scholarship holders[7], creating a setting for partnerships and building new exchange fields.

The "*sandwich*" doctorate is an important line of action in this area and provides experiences that allow graduate students to know different research groups, academic work processes, skills development for research funding prospection and, above all, to create research partnerships in different countries[8], all basic skills for the

participants to create their own research groups and the dynamics of future guidelines. The post doc is another fundamental aspect in the definition and encouragement of the scientific production and in the construction and evaluation of teaching, research and extension outlook of Brazilian faculty members[9].

In this context, to describe experiences, share impressions and analyze the process of internationalization in Spain, may contribute to support the discussion on international research groups and to stimulate the incursions of new scholars to this country. There are crosscutting issues that may emerge in any international experience, although each internship/placement process abroad is different, because it is linked with the peculiarities of the individual, the researchers' areas of origin and the research themes.

This experience, unique to each researcher and at the same time shared among them, promoted the idea of developing an article aimed to record this experience in Spain.

In addition, the present report seeks to describe the approach and the incorporation of anthropological knowledge by health researchers within an internationalization experience. The aim is to further discuss the emerging aspects of such experience and its cultural impact on the training of the involved researchers.

The theoretical perspective of this report was the contribution of anthropology and its interplay with health. From the anthropological perspective, health, disease, suffering and death are understood as phenomena conditioned to culture and social life. The stance of the anthropologist differs from the one of the health professionals due to be unrelated to any kind of therapeutic behavior. Anthropology is a science encompassing the vast scope of mankind. It applies in the specific health field the knowledge (among others) for the development of public health programs, physician-patient relationship, or the design of promotional health campaigns. Through a proposal of single dimensionality of the disease, departing from biological reductionism, Anthropology proposes a multi-dimensional outlook that enables to retrieve the role of illness as a social, cultural, political and economic axis[10].

Thus, the purpose of the present paper is to report and discuss the experience of Brazilian researchers in the health field in an Anthropology program in Spain.

Methods

This is an experience report prepared by four health researchers of Brazilian public universities holding CAPES fellowships in academic activities in Spain. The group was composed of two *sandwich* doctoral candidates with training in psychology and physiotherapy, a doctoral student with a degree in psychology in co-supervision regime, and a speech therapist in a post-doctoral training placement. The reflections of this report cover the period between January and June 2015.

The study setting is a doctorate in Anthropology and Communication, resulting from the merger of two doctorates. Through this integration, these two doctorate courses sought to improve and innovate in the development of research exploring the intersection of these two areas, so as to enable researchers to consolidate advanced technical knowledge and articulate their research at the confluence of methods and theories of these areas. The objective of this program is to increase awareness of the theoretical and methodological concepts of these fields of knowledge, and enable the production of quality research in its three lines of research: 1) Medical anthropology and global health; 2) Communication and risk; 3) Contemporary identities, urban spaces and representation. Brazilian researchers from the health field, participated in the disciplines and activities of the line of research Medical anthropology and global health, part of a Master's degree course at the Rovira i Virgili University in Tarragona, Spain. The structuring lines of this program, among others, are the issues involving health and transnationality, directly related to the object of study of the involved researchers.

The preparation of the reporting experience went through four steps, namely: a) mnemonic retrieval of activities and life experiences, b) critical analysis of the axes and listed contents, c) compilation of results, and d) structuring the manuscript.

The mnemonic retrieval was carried out by the free narrative of each researcher regarding their insertion processes, experiences in the program activities and challenges along the way. Thus, the oral narratives described facts and subjective impressions of the learning process of the subjects involved.

The critical review of axes and listed contents was performed to identify and consolidate overlapping narratives and information obtained in the previous step. In the next step a debate was held to discuss the confluent and divergent points, the contextualization of reports, an initial classification of content and a comprehensive analysis of the narratives.

In the compilation step of the results, we placed in order the elements obtained in the previous steps, as well as an organization of emerging axes and final content reclassification.

The last stage was the manuscript structure, consisting in building the summary table of results, the definition of the final theoretical framework and final draft of methodological steps.

It is worth noting that the methodological steps were developed in six meetings aimed to recognize and critically discuss the experiences of researchers in the anthropological field of continuing and permanent education in a foreign country, geared towards the reflection of the challenges of this process in order to contribute to its consolidation. These meetings served as the foundation to list the indicators presented throughout the text.

Results and discussion

To map the changes described in this report is essential to understand the historical process of the constitution of medical anthropology field, since most of the processes experienced by the researchers come from changes in concepts and practices. In this direction, the course of medical anthropology refers to a new look that values the political, social and cultural dimensions in lived experiences in the health field.

Although medical anthropology can be considered relatively new on the horizon of anthropological disciplines, its origins can be traced back to more distant periods, to the extent that the old ethnological reports always carried observations about health and illness of the populations under study[11]. However, some authors consider Rivers, a medical anthropologist who participated in the expedition to the Torres Strait in 1898, and published a 1924 paper, considered the precursor in the history of medical anthropology[11,12] and the milestone in the understanding of medical anthropology as a science-oriented field.

According to Comelles[13], since the nineteenth century biomedicine sought to improve their diagnostic efficiency, prognostic and therapeutic, which are the main areas that lead to clinical practice and laboratory. In this context, the values of the meanings of environment, society and culture disappeared towards the sick and the disease. In Comelles[13] work, to deny cultural and social factors in medicine is a way of building a specific professional culture.

The 50s of the twentieth century was undoubtedly significant for the development of medical anthropology. At that time, the published works showed the research of anthropologists in medical systems or health problems [11,12].

In the 1950s, Medical Anthropology developed in the United States as a specific discipline and in the 60s, as a specialization, with studies on the processes of health / disease / care-prevention. Because of its rapid development in the 80's a significant number of active anthropologists grew, and consequently, the growth of ethnographic work led to some of the major theoretical contributions to social anthropology. Since that time the medical anthropology has been expanding significantly in countries like Brazil, Mexico, Spain and Italy[14].

Remarkable landmarks of medical anthropology in this period are the 1960s attempts of different theoretical and conceptual constructions of illness and medical systems, and the definition, in the 1980s, that Western medicine and or biomedicine should not be considered a standard, but one of its objects of research[15].

The critical point of building an autonomous learning process requires immersion and commitment of the subject in context and content defined for the

consolidation and completion of the activity. In this perspective lies the development of this experience report raising questions related to the immersion of Brazilian researchers in academic and technical-scientific activities in Spain.

Whereas that the cornerstone of meaningful learning requires a logical and relevant relationship between the new and pre-existing, consequently, it will operate as a construct to incorporate, understand and fix the new knowledge[16], it was decided to distribute the experienced times in three thematic lines: approach, appropriation and incorporation (Table 1).

Table 1. Synthesis of axes, contents and challenges in the report compilation

Axes	Contents	Challenges
Approach	- diverse theoretical and conceptual perspectives between biomedical and anthropologic approaches to health; - concordance with the researchers' theoretical and conceptual perspective regarding the health/illness/care process; - criticism related to health and the biomedical model with the physician as a core player in the debate; - reflections on the complexity of aspects around the health/illness/care process;	How to deal with a research of anthropological nature in a different cultural field (Spain/Catalonia)
Appropriation	- discussion of autonomist experiences; - re-signifying of anthropologic knowledge -revisiting the research project;	Using anthropologic theory in data analysis;

Incorporation	- development of the anthropologic perspective in the research projects; - reconstruction of a new paradigm in thinking about health; - changes in theoretical assumptions; - inclusion of new theoretical frameworks into the research project;	Using and relating the anthropologic theory with the health projects;

Approach of the anthropologic context

The first step of the research was the approach, understood as the moment of arrival and adjustment to the practices and contents of the anthropology program. At this stage, the perception of the difference was the first feeling of the group of researchers. While enrolling in the course happened at various times, all stakeholders recognized the differences between the origin of Brazilian and Spanish programs. Several situations can serve as an example for this initial moment, such as the program's curriculum organization and distribution of disciplines throughout the semester, but the most emblematic aspect was the deconstruction of thinking about health embedded in a biomedical model.

Although all researchers, when choosing an anthropology program already had a more complex look towards health, there were still traces of the biomedical model derived from the training, that remained to be broken.

In this sense, it is worth noting that the main challenge was to display the work of each researcher in an anthropological perspective, given that the projects developed were focused on processes / concepts of health or disease.

Although the literature indicates that an Anthropology quest is directed to the understanding of the culture influences on the perception and actions of individuals related to illness and healthcare system[17,18], the route followed by the researchers did not have that well-defined framework in their projects. In addition to the

estrangement, this reality mobilized the search for content and anthropological conceptions.

This search forced the emergence of the contrast between the biomedical model and the anthropological perspective in the approach to health design, the disease process, and systems of care as key contents for the dialogue among fields. In this way it validated the health premise as experience, as social and cultural construction and its political dimension. It also considered structuring concepts such as self-care intermedicality, autonomy, community and praxis as opposed to the biomedical perspective, considered universalist, biologist and individualist[19].

Thus, this approach took place in the dimensions of the field and diversity of lore and led to the reflection on the complexity of the aspects involving the processes of health, illness and care. The challenge at this time was the relationship between the knowledge in health and anthropology with the transition from markedly biomedical concepts to concepts that value social practice and the different views on illness and care systems.

It is also worth considering that the Medical Anthropology addresses mainly current problems and health needs through applied research and thus differs with the classic uniqueness of the anthropology field[11,12]. In this way the approach of researchers occurred more naturally.

Appropriating the anthropological conception

The next step was the immersion and identification with the contents and anthropological conceptions, understanding appropriation as a process of anchoring and decoding of the new concepts[20]. At that point, the main challenge faced was the use of anthropological theory in the development of the design and analysis of field research data. The initial step was the restructuring of the theoretical framework of projects including authors and concepts of medical anthropology. Then we performed the restructuring of the methodological aspects of the project, including changes in data collection instruments and the selection of analytical paths.

In this perspective, the reframing of anthropological knowledge in order to review the research projects was the critical point of the appropriation stage. The analysis of the project was developed in a collective perspective considering the objects of research as a result of historical and relational contexts, not as problems in the individual / biological dimensions[19]. It was also acknowledged that illness is a social and cultural phenomenon that may present sense of coherence and ethnographic status[15].

The different anthropological contributions, as mentioned by Menéndez[14] confirm that the processes of health / disease / care-prevention compose a part of the collective life, in which societies and individuals have set up and used representations, practices, relationships, rituals, meanings, both at the level of trustees, of social groups, as well as of subjects. Anthropological research has shown that the production and use of representations and social practices by laypersons in regard to their illnesses are inescapable, demonstrating that they need to know what is happening and also find ways to solve their acknowledged health problems[14].

Incorporating the anthropological knowledge

At that point, researchers sought to consolidate their experiences as well as the articulation of preexisting knowledge with the new anthropology content. In this sense, the fundamental lines of this step were the development of the anthropological perspective, the reconstruction of a new paradigm of thinking about health, and the inclusion of new assumptions and theoretical references to their research projects.

Considering the literature that deals with the importance of the socio-cultural context for understanding and defining the disease, as well as for treatment options[19], it was sought to add these assumptions to the already structured projects. The fundamental point in the appropriation instance was the validation of changes to the methodological aspects of the projects. For this end we sought the discussion with peers, mentoring activities with program faculty and supervision with the supervisor of the projects. Spain proved to be a privileged place to rebuild knowledge, because in

this country we could find in one place, consolidated researchers in the area as well as students from various countries with new perspectives on the subject.

In Spain, the institutionalization of anthropology studies grew in strength between the years 1982 and 2000. During this period, new courses, seminars, and the expansion of research studies ensured the formal recognition of the field of Spanish medical anthropology. The literature shows that research groups and internationalization had been currently reinforced by funding models[21]. Spain is, without doubt, a reference center in the international community, taking into consideration that about a third of the masters and PhDs graduated in the country are foreign students[20].

Currently, medical anthropology in Spain is a field with a well-established scientific community, and the URV, together with Aix-en-Provence (France) are considered by the Medical Anthropology Research as institutional reference poles of Southern Europe. The significant academic research in this field, including at an international level, enabled a broad globalization of medical anthropology[21]. In this sense, the development of this field of knowledge is configured for its "interstitial" location and its ability to act on the fringes of medicine, as well as on those of anthropology.

Menéndez[14] points out that one of the most important contributions of social anthropology, including medical anthropology, is to be directed to the study of the obvious, something so close that cannot be seen. According to this author, in anthropological studies about the processes of health / disease / care-prevention, it is essential to unravel aspects not perceived by other areas.

Thus, searching for the articulation of these different kinds of knowledge, the reintroduction and new entry to the data analysis field was very important to change the mindset of researchers and build new paths and ways of thinking about health.

The experience of incorporating anthropological knowledge by researchers exceeded the academic boundaries and facilitated a dialogue between training and practice to bring about significant changes in thinking and practice in health for this group. According to Abrahao, Merhy[22], training involves multiple encounters. In the

health field it implies different ways of seeing the world, of self-care and care production. So we can infer that the encounter of health researchers with the anthropological field led to the transformation of concepts, attitudes change and innovation of their commitments to care production.

Final considerations

The immersive experience of Brazilian researchers in studies on medical anthropology and global health expanded their horizons of understanding of the health-disease-care process, making it possible to look at this phenomenon from another perspective, a perspective where the society and cultural values are strongly present. This resurgence of anthropology and specifically medical anthropology insertion in the health field, promotes a change in the direction of research on the study of objects that are part of this theme, which in turn contributes to the development of new theoretical contributions and innovations in health practices.

The experience was positive and significant for the group of researchers, especially in the training for research dimension. Participation in discussions of theoretical aspects, the restructuring of the methodological paths, the appreciation of the contextual aspects in the projects, and the development of new theoretical and practical constructs in the research process, resulted in important changes in the formation stage experienced by the group.

Among the experiences of researchers in relation to the Medical Anthropology course we remark the dialogue that marks the contrast between the biomedical model and the anthropological perspective, with regard to the concepts of health, disease and care, showing how this triad is related to social experiences, cultural and political of the subject or related to the population.

In this perspective, it is worth noting how important the appropriation of anthropological knowledge for professionals in the health field is, in order to enable a

redefinition of knowledge on this topic and the construction of new paradigms in relation to their practices. We therefore consider that the development of research articulating the areas of health and anthropology is extremely significant for this transformation to effectively happen.

In addition, the internationalization experience led to joint project building and the possibility of links between research lines of Brazilian and Spanish programs, a fact that may contribute to the approach of new researchers in the health field in Anthropology Graduate Programs.

Collaborators

Stela Maris Aguiar Lemos was responsible for the concept and article design, analysis and interpretation of data, discussion of results, article writing and review and approval of the final version of the work. Fabiane Rosa Gioda was responsible for the concept and article design, analysis and interpretation of data, discussion of results, article writing and review and approval of the final version of the work. Fernanda Martinhago was responsible for the concept and article design, analysis and interpretation of data, discussion of results, article writing and review and approval of the final version of the work. Rinaldo Conde Bueno was responsible for the concept and article design, analysis and interpretation of data, discussion of results, article writing and review and approval of the final version of the work. Angel Martinez-Hernáez was responsible for the guidance, actively collaborated in the interpretation of data, discussion of results, critical review and approval of the final version of the work.

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