



Educação em Revista

ISSN: 0102-4698

ISSN: 1982-6621

Faculdade de Educação da Universidade Federal de Minas Gerais

OLIVEIRA, VICTOR JOSÉ MACHADO DE; GOMES, IVAN MARCELO
PRESENÇAS E ÊNFASES DO TEMA DA SAÚDE NOS CURRÍCULOS DE FORMAÇÃO
EM EDUCAÇÃO FÍSICA: NOTAS PARA UMA ESTRUTURAÇÃO CONCEITUAL

Educação em Revista, vol. 37, e20613, 2021

Faculdade de Educação da Universidade Federal de Minas Gerais

DOI: <https://doi.org/10.1590/0102-469820613>

Available in: <https://www.redalyc.org/articulo.oa?id=399369188004>

- How to cite
- Complete issue
- More information about this article
- Journal's webpage in redalyc.org

UFMG  redalyc.org

Scientific Information System Redalyc

Network of Scientific Journals from Latin America and the Caribbean, Spain and Portugal

Project academic non-profit, developed under the open access initiative

ARTIGO

HEALTH PRESENCES AND EMPHASES IN THE CURRICULA OF PHYSICAL EDUCATION TEACHER TRAINING: NOTES FOR A CONCEPTUAL STRUCTURING

VICTOR JOSÉ MACHADO DE OLIVEIRA¹

<https://orcid.org/0000-0001-7389-9457>

IVAN MARCELO GOMES²

<http://orcid.org/0000-0002-0311-9651>

ABSTRACT: The text presents partial results of an investigation on Physical Education (PE) curricula at the Physical Education and Sports Center of Universidade Federal do Espírito Santo, aiming to present some elements to construct the concepts of *presences* and *emphases* in curriculum analysis regarding health in PE courses. Research data were obtained from curricular documents of both Bachelor's and Teacher training degrees, analysis of professors' curricula vitae, and documents from civil service exams for the health area. We have also conducted interviews with ten professors and monitored four courses during a semester. Two movements are presented: in the first, a conceptualization of presences and emphases based on Giddens's structuration theory and on Cunha's concept of political-epistemological orientation; in the second, the analysis of empiricism, which indicated five presences and two emphases on the health theme in the teacher training curricula in PE. We consider that the presences and emphases of the health theme are established in the movements of the structure duality in which the subjects' actions, according to their political-epistemological orientations, related to (or tension) the structural constraints that compose the teacher training curricula in PE.

Keywords: health, health human resource training, curriculum, higher education, Physical Education.

PRESENCAS E ÊNFASES DO TEMA DA SAÚDE NOS CURRÍCULOS DE FORMAÇÃO EM EDUCAÇÃO FÍSICA: NOTAS PARA UMA ESTRUTURAÇÃO CONCEITUAL

RESUMO: O texto apresenta um recorte de investigação dos currículos de Educação Física (EF) do Centro de Educação Física e Desportos da Universidade Federal do Espírito Santo, cujo objetivo é apresentar subsídios para o uso dos conceitos *presenças* e *ênfases* para a análise curricular sobre o tema da saúde em cursos de EF. Os dados foram produzidos a partir de documentos curriculares do bacharelado e da licenciatura, entrevistas com dez professores, currículos dos professores, documentos de concursos públicos na área da saúde e acompanhamento de quatro disciplinas durante um semestre. O artigo é

¹ Universidade Federal do Amazonas (UFAM). Manaus, AM, Brasil. <oliveiravjm@gmail.com>

² Universidade Federal do Espírito Santo (UFES). Vitória, ES, Brasil. <ivanmgomes@hotmail.com>

apresentado em duas partes: na primeira, uma conceituação de *presenças* e *ênfases* com base na teoria da estruturação de Giddens e no conceito de orientação político-epistemológica de Cunha; na segunda, a análise da empiria configurando cinco presenças e duas ênfases do tema da saúde nos currículos de formação em EF. Considera-se que as *presenças* e *ênfases* do tema da saúde se constituem nos movimentos da dualidade da estrutura nos quais as ações dos sujeitos, segundo suas orientações político-epistemológicas, se relacionam com (ou tensionam) as coerções estruturais que constituem os currículos de formação em EF.

Palavras-chave: saúde, capacitação de recursos humanos em saúde, currículo, Educação Superior, Educação Física.

PRESENCIAS Y ÉNFASIS DEL TEMA DE SALUD EN LOS CURRÍCULOS DE FORMACIÓN EN EDUCACIÓN FÍSICA: NOTAS PARA UNA ESTRUCTURA CONCEPTUAL

RESÚMEN: El texto presenta un recorte de investigación de los currículos de Educación Física (EF) del Centro de Educación Física y Deportes de la Universidad Federal de Espírito Santo, cuyo objetivo es enseñar contribuciones para la composición de los conceptos, *presencias* y *énfasis* en el análisis curricular sobre el tema de la salud en los cursos de EF. Los datos fueron producidos a partir de documentos curriculares de los pregrados, entrevistas con diez profesores, currículos profesionales, documentos de concursos públicos en el área de salud y acompañamiento de cuatro asignaturas universitarias durante un semestre. Se presentan dos movimientos: en el primero, una conceptualización de presencias y énfasis basado en la teoría de la estructuración de Giddens y en el concepto de orientación político-epistemológica de Cunha; en el segundo, el análisis empírico configuró cinco presencias y dos énfasis en el tema de la salud en los currículos de formación en EF. Se considera que las presencias y énfasis del tema de la salud se constituyen en los movimientos de la dualidad de la estructura en la que las acciones de los sujetos, de acuerdo con sus orientaciones político-epistemológicas, están relacionadas (o tensionan) con las restricciones estructurales que constituyen los currículos de formación en EF.

Palabras clave: salud, capacitación de recursos humanos en salud, curriculum, Educación Superior, Educación Física.

INTRODUCTION

This text is the result of a doctoral thesis that investigated the training curricula in Physical Education (PE) at the Center for Physical Education and Sports of the Federal University of Espírito Santo (CEFD/UFES) from the topic Health. In addition to the traditional fields of action linked to the fitness world, PE has been requested in work scenarios involving the topic health in its interface with Body Practices and Physical Activities (PCAF), especially in the Unified Health System (SUS) and in basic education. This justification is supported by documents such as National Health Promotion Policy (PNPS), Health Academy Program, School Health Program (PSE), Common National Curriculum Base (BNCC), Movement is Life Report (UNDP) and Physical Activity Guide for the Brazilian Population³.

Recently, the National Curriculum Guidelines for PE courses (Resolution 06/2018) contemplated the health axis in the formation of bachelor's degrees, citing, without further deepening, the primary, secondary, tertiary attention, Collective Health and SUS. Although SUS appears for the first time in a Guideline for training in PE, authors such as Freitas, Oliveira and Coelho (2019) consider that the design of the guidelines mainly turn to the fitness and training of an entrepreneurial professional of his own, that is, focused on the issues of the private sector. This "privatized" perspective contradicts the very mention of SUS and its public and collective character. Such contradiction is perceived when the guidelines "[...] reduce the object of study of Physical Education (the human movement) to adopt a physically active and healthy lifestyle as an ideology that hides issues related to health and life quality" (FREITAS; OLIVEIRA; COELHO, 2019, p. 251).

Resolution 569/2017, which expresses common assumptions, principles and guidelines for the National Curriculum Guidelines for undergraduate courses in the health area, in Article 1, "reaffirms the constitutional prerogative of SUS in ordering the training of workers in the health field". As PE is a profession in the health field, according to Resolution 218/1997 and the recognition of the Brazilian Classification of Occupations⁴ (CBO), it must also comply with Resolution 569/2017.

In epistemic terms, the approximation of SUS with the Physical Education field has been mediated by the growing appropriation of the debate with Public Health. According to Nogueira and Bosi (2017), Public Health arises from the resistance of a critical aspect to Public Health, to linear theories of causality and to the biomedical model that, hegemonically, sustain the health-disease-care process. Therefore, Public Health seeks interdisciplinary conjunctions, shaping its field in Epidemiology, Social and Human Sciences and in Health Systems Policies, Planning and Management (NOGUEIRA; BOSI, 2017).

Nogueira and Bosi (2017) draw attention to the constitution of a PE field in Public Health, still strongly oriented in the Epidemiology of physical activity and in Biological Sciences. However, the authors indicate the approximation with the critical aspect of Public Health, based on Social and Human Sciences, has caused a reorientation of what PE knows as health (NOGUEIRA; BOSI, 2017).

Although we may see advances in this debate in the field, Dessbesell and Caballero (2016) point out, in a recent study, that the curricular configurations of PE are based on traditional-sport, technical-scientific models and on the medical-centered approach, which hardly come close to the principles of SUS (completeness, universality, equity). Faced with a global, market and productivist scenario, training is precarious, above all, in the mismatches between teaching and service and in the specialization of a professional focused on monitoring PCAF on solely biological bases (DESSBESELL; CABALLERO, 2016).

In this sense, Loch, Rech and Costa (2020) report the urgency of Collective Health in PE training. The authors advocate that PE needs to go beyond the clinical effects of physical activity on diseases, including elements of management and social determinants of health. In addition, the Covid-19 Pandemic highlighted the lack of clarity on PE's performance in the health field on the part of PE

³ The Guide was presented in public consultation format and is not yet available in its final version. It is noteworthy this guide presents a specific chapter for school Physical Education. Available in: <https://aps.saude.gov.br/noticia/9516>. Accessed on: December 27 2020.

⁴ CBO, of the Ministry of Labor, released the new code 2241-40 Physical Education Professional in Health. In addition to the new code, the summary description establishes: "They structure and carry out health promotion actions through bodily practices, physical and leisure activities in primary, secondary and tertiary prevention in SUS and in the private sector". Available at: <http://www.mteco.gov.br/cbosite/pages/home.jsf>. Accessed on: February 20 2020.

managers, directors and professionals. The authors bet that: a) the approach to Public Health must go beyond the inclusion of disciplines; b) Collective Health is not restricted to the bachelor's degree course; c) it is necessary to address the tripod of Public Health: Epidemiology, Social and Human Sciences, Policy and Planning; d) conceive that the health work is interprofessional and collaborative (LOCH; RECH; COSTA, 2020).

In this sense, the present study is justified by thematizing reflective elements on the curricular constructions that will affect the training of PE Teachers and Professionals (PE'TP) to work with the theme of health in the most varied sectors - basic education (degree) and primary, secondary, tertiary care etc. (bachelor degree). We advanced from the analysis of subjects and amends (BRUGNEROTTO; SIMÕES, 2009; PASQUIM, 2010) to understand the curricular actions produced by subjects in their relation with institutional structures.

We understand the curriculum as a network shaped and (re)produced in the subjects' actions. From the lines weaving it, we identify the disciplines, the curricular narratives, the narratives of the subjects who build the curricula, the daily actions of the teachers who lead the disciplines, teacher education, education policies, graduate studies and institutional coercions on curricular know-how.

The theoretical framework is based on Giddens (2009) and his concept of “duality of structure”, in which the structure is, at the same time, the means and the result of the agents' conduct. In other words, subjects who support or subvert the structure can only do so through the structure itself, as they have limitations, which delimit institutional reflexivity.

We also work with the concept of “political-epistemological orientation” (CUNHA, 2005), according to which teaching actions are strongly linked to a political-epistemological statute that guides the process of teaching and learning in a given area. Cunha (2005) observes the organization of knowledge has been guided by the hegemonic paradigm anchored in positivist science. However, there are ruptures that are consistent with emancipatory energies in actions anchored in an emerging paradigm⁵.

With such theoretical basis, we proposed to investigate the *presences* and *emphases* given to the health topic in PE-training curricula at CEFD/UFES. We have divided this text into two movements. In the first, conceptual, we delimit what we understand by *presences* and *emphases*. The second, operational, concerns when we use these concepts to analyze the empirical knowledge produced in the field of investigation.

In these movements, we observe the continuities/discontinuities, conflicts and disputes around curricular actions on the health topic. In this sense, our objective is to present subsidies for the use of the concepts *presences* and *emphases* for the curriculum analysis on the health topic in PE courses.

METHOD

This is a qualitative research, with cartographic inspiration, during which we lived in a field in which we acted as a professor and graduate student from 2017 to 2018.

We were looking for clues in the construction of the problematic field, and we produced them in a first contact with the Collegiates of the licentiate and bachelor degree courses. We gained access to the following documents: licentiate's Pedagogical Course Projects (PPC) from 1991, 2002, 2006, 2011 and 2012; bachelor degree's PPC from 2016. The analyses proved to be insufficient for the search for curricula's incarnation. Thus, we looked for the teachers who participated in its construction, making contact with seven of them.

We conducted semi-structured interviews between April and June 2017, in which we asked about: 1) participation in curriculum (re)formulations; 2) how the health theme was configured in that/those curriculum/curricula and the relations established in the strength's tensions/games; 3) what were the perceived conceptual understandings on the health topic. Based on cartographic inspiration (TEDESCO; SADE; CALIMAN, 2013), this “structure” was not always followed linearly or literally, even because the history/memory regimented by the teacher consists of singularities that fled from it.

Without concern for an “object representation”, we sought a sampling that was configured as “snowball” effect. From two teachers (key informants), we were able to obtain indications from other

⁵ Regarding the hegemonic and emerging paradigms, Cunha takes Santos (2010) as a reference.

teachers who also participated in the curricular reformulations (the “snowball effect”) (VINUTO, 2014). With this attitude, we followed processes, listened to reports and concerns about the direction the Center was taking, especially with regard to the health issue. Clues that were strongly related to the figure of the teacher and to the tenders held in the field of health at that Center emerged.

Then, we carried out a *zoom*⁶ (KASTRUP, 2010) in the field, which took place in three movements related to the concept of political-epistemological orientation (CUNHA, 2005). In the first, we pursued the clue regarding the curriculum vitae of the professors who made up the teaching staff of CEFD/UFES. We accessed the *résumés* that were on the Lattes Platform on July 23, 2017. Furthermore, we searched for elements relevant to training, research projects and academic production (papers and books).

In the second, we entered the trail of public tenders linked to the health field. We asked the Departments of the Center to access documents related to the tenders (public notices, tender minutes, memos, etc.) dating from 1993 to 2017, observing, from them: year, area, required qualification and thematic/points of the tests. We also accessed some minutes dealing with discussions about the contests.

In the third and last movement, we looked for clues in everyday teaching practices in subjects offered in the first half of 2017. For logistical reasons, we delimited four disciplines that contemplated the two courses and different political-epistemological conceptions. Two disciplines approached the Social and Human Sciences and Public Health, and two others, the Natural and Biological Sciences.

Following these disciplines, we used the field diary as a tool for data production. The diary was structured into three record fields: 1) description of events; 2) sensations before these events; 3) annotations of bibliographical references that could corroborate analytical approaches with the perceived phenomena. With the diaries, not only we registered what we were researching, but also the process of our act of researching (BARROS; PASSOS, 2010).

We also had access to documents made available by the professors of the subjects, which consisted of: teaching plans, emails, tests, scripts for the production of field activities (documentary, production of short videos), class slides, help texts.

At the end of the semester, we conducted an interview with each professor, adding, in addition to the three questions presented above, others about the production of the teaching plan, the connection of the discipline with the discussion of the health topic and its place in the course. It should be noted all interviews were transcribed in full and sent to each of the professors for a conference, also leaving the opportunity for them to access field diaries produced in their classes.

The analysis of data produced from interviews with professors, accessed curricula vitae and field diaries was performed using MAXQDA© Analytics Pro 12 (Release 12.3.2) software, which is a QDA (Qualitative Data Analyze) software used for the analysis of qualitative data in Social Sciences, providing the management of texts, documents and several media files.

Initially, we proceeded to read the documents accessed and produced. Then, while we were building the analysis' categories, we were also coding the documents based on them. This allowed us to perform a triangulation analysis of the data to understand our object of study.

So far, we have presented the elements that added the building of our field of investigation during our dwelling in that space. The paths and clues pursued showed us the conditions of possibilities to build bases to investigate these presences and emphases of the health topic in training curricula.

The PPCs, the subjects involved in the subjectivation processes, the accompanied classes, the teaching plans, the tender notices, the subject offer frameworks, all was the result of a process of our intervention in the field.

The research was submitted to the Ethics and Research Committee of the Federal University of Espírito Santo, obtaining approval with the opinion number 2,104,457. All participants in the present research were informed and signed an Informed Consent Form.

⁶*Zoom* refers to a kind of shift in the scale of attention in the production of the research field. In our case, it happened when we observed there was a different intensity in the “professor figure”, which led us to reconfigure our field to observe this phenomenon more closely.

PRESENCES AND EMPHASES: CONCEPTUAL MOVEMENTS

We begin from the premise that the lines weaving the curriculum network are regimented in the duality of the structure that shapes the conditions of possibilities for the *presences* and *emphases* given to the health topic in the PE training curricula.

We rely on the concepts of structure and system in which the perpetration of practical and discursive awareness is observed – both supported by reflective monitoring (GIDDENS, 2009). Such consciences are entangled within a structure composed of memory traces that guide the conduct of agents endowed with cognitive capacity. This structure only exists as a spatiotemporal presence. The *presences* are structural elements that touch the (re)production of social systems over space and time.

The emphases relate to the system, as they are characterized as the creation of conditions of possibilities for the routinization of social relations over space-time, thus contributing to the reproduction of social practices – that is, the emphases are also related to the very constitution of institutional reflexivity⁷, as they are linked to the cognitive capacity of agents involved in the construction of social systems.

In other words: the *presence* is a feature of the structure (the set of recursively implied rules and resources); the emphasis is on the routinization of social relations across time-space. In this sense, in composition with Giddens (2009), we understand that social systems and structure, even though they are different concepts, are closely linked, which, in the same way, occurs with the notions of *presences* and *emphases*.

In the empirical aspect, it is also possible to conceive the *presences* and *emphases*. We considered as *presences* the objectification of the health topic in the curriculum. The *presences* only exist when materialized from a condition of possibility that demarcates empirical contexts of existence. The subjects/curricular components, the curricular narratives (objectives, justifications, etc.), the training spaces and the professors' curricula are empirical elements that enable the construction of these categories. These elements may be considered rules and resources recursively involved in the reproduction of social systems (structure).

Among the rules, the normative elements stand out, that is, the set of elements that regulate training (documents, ordinances, laws, etc.). Among the resources, there are the allocative ones, conceptualized as “material resources involved in the generation of power, including the natural environment and physical artifacts” (GIDDENS, 2009, p. 443). We may consider, for example, subjects and physical structures (rooms, laboratories, etc.) as physical/cultural artifacts, as they were produced by agents and provide information about their producers and users. The *presence* is found as a constituent part of the structure, since it reveals the memory traces, the lines of cognition and the basis for the agents' action (GIDDENS, 2009).

Therefore, we conceptualized *presences* as the conditions of possibility for the empirical existence of rules and allocative resources that constitute the structure of training curricula.

In the *emphases*, we understand the effects generated by affections. Emphasis, from the Greek *emphasis* (reflection, image) or from the Latin *emphāsis, is* (enunciative force), is presented in the dictionary by the relationship with accentuations, exaggerations or highlight given to expressions or to the voice in a speech. The *emphases* can be understood as the effect generated on the presence, from which it starts to affect its existence in a given perspective. In the wake of the structuring theory, the emphases can be understood as elements that permeate institutional reflexivity, that is, they relate to the senses, the meanings, the actions that generate power (GIDDENS, 2009).

A given emphasis affects a presence according to the cognizance and reflexivity which compose with it or subvert it. Therefore, *emphases* are the forms in which presences are formed. Emphasis is processed in the routinizations of social relations over time and space. Thus, if presence is for structure, the emphasis is on the system that presents elements of routinization that trigger the continuity of

⁷ Institutional reflexivity is conceptualized by Giddens (2002, p. 26) as “[...] the regularized use of knowledge about the circumstances of social life as a constitutive element of its organization and transformation”. There, institutional reflexivity is necessarily linked to the agent and his/her capacity to act.

everyday practices (micropolitics), which sustain and are sustained by institutional reflexivity in a kind of reflexive monitoring (GIDDENS, 2009).

We may also characterize *emphases* as certain political-epistemological orientations (CUNHA, 2005) that affect the presences – and these are not consolidated without an emphasis, or emphases in dispute, and vice versa. This means the *emphases* do not precede the *presences*, as these are the ones that provide the conditions of possibility for the others to compose with them, giving different orientations over time and space. For example, it is first necessary to establish structures recursively organized into rules and allocative resources (*presences*) so that they can be affected by a certain reflexivity (*emphases*). It is also necessary to emphasize that such dimensions are not separate and watertight, but are linked in a complex relationship.

That said, we conceptualized *emphases* as the affections generated in/with presence, thus designating distinct political-epistemological orientations in training curricula.

Recursive conditions for existence (*presences*) and forms of affect and routinized regularities (*emphases*) integrate the curricular form and its daily practices. Based on this perspective, we look at the lines of curriculum networks in order to conceive the *presences* and *emphases* of the health topic produced in the CEFD/UFES training curricula.

THE PRESENCES AND EMPHASES OF THE HEALTH TOPIC IN INITIAL TRAINING IN PHYSICAL EDUCATION

We began presenting five *presences* from which the health topic receives conditions of possibility to exist in the training curricula of CEFD/UFES. They are: the disciplinary presence, the presence of practice as a formative axis, the minimal (or embryonic) presence, the curricular presence (or the narratives of the Pedagogical Course Projects) and the academic presence (or teacher training).

Disciplinary presence

Although we understand that curricula are more than a conglomerate of subjects, we observe the disciplinary aspect is still the majority in its constitution. Bauman's sociology allows us to understand that such phenomenon is part of the modern yearning/project for the order and classification of phenomena, each one in its “box” (BAUMAN, 1999). Disciplinary logic is modern because it is anchored in the Cartesian archetype of separating the parts to explain the whole. We notice this logic implemented by the disciplines in the curricula.

Clues produced in the PPCs, in the constitution of subjects and in the narratives of professors involved in their constructions indicated how the disciplinary presence is one of the central elements that allow the materialization of the health topic. As an example of this presence, we list the narrative of one of the teachers:

When I create the subject, I can claim a place in the tender saying: look; we have the subject history of 'spit at a distance', metabolism of 'spit at a distance', plyometrics for 'spit at a distance', whatever about 'spit at a distance'. And therefore, we need to create a vacancy for a 'distance spit' teacher (silence... laughter) (TEACHER 1, interview).

This narrative indicates something about the political disputes that occur around the hegemony of the curriculum. In the professor's conception, the subject presence is so strong that it could influence the hiring of teachers. In the wake of Giddens (2009), we conceived that this hiring would not only take place through the presence of subjects, but also through the establishment of a practical awareness in which individuals are imbued in continuing to ensure the routinization of know-how curriculum that are based on institutional reflexivity.

Nevertheless, we see that the phenomenon of subject presence is also observed in studies focusing on the incidence of mandatory and optional subjects on the health topic (BRUGNEROTTO; SIMÕES, 2009; PASQUIM, 2010). These studies corroborate the idea that the subject presence receiving the health topic is not just a matter of CEFD/UFES courses, but it follows the reflexivity of modern institutions, which includes the PE area.

Another observed clue deals with the subject logic of the University, which has always been shown to be a constraining element in training curricula. However, on the other hand, assemblages were built in order to subvert this logic.

To give you an idea, we fought with the entire University to make that curriculum work. Because we ran into things like: you can't have this curricular unit, because there's no way to put it in the system. And then, as changing the University system was not a very easy business (laughs), the control had to be handcrafted. There was no other term (TEACHER 1, interview).

The narrative expresses the “casting” of the disciplines operated by the University, by not allowing other ways to build the curricula. This “castellation”, according to Macedo et al. (2011), needs to be overcome, since it expresses the rationality of traditional subjects as the only way to build knowledge (methodologically, by its division and hierarchy). In the case of the health issue, discussing and seeking to overcome this model can occur with the production of “multiprofessional projects, multiprofessional teaching activities and multiprofessional actions in research, extension and practice scenarios need to be respected” (CARVALHO; PRADO; ALONSO, 2013, p. 5).

This need is highlighted in Loch, Rech and Costa (2020) when considering the limits of a disciplinary, linear and content training. If the health-disease process is too complex, PE training needs to be based on interprofessionalism and interdisciplinarity, which overcomes the view that fragments knowledge into subjects (LOCH; RECH; COSTA, 2020; REIS; GOMES; OLIVEIRA, 2020).

In the light of the imperative that subverts the traditional presence, we see another presence of the health topic emerging in the training curricula at CEFD/UFES. In order to observe it, we had to redirect our gaze from the subjects of the curriculum to the daily times and spaces in which it is practiced. It is in everyday life that the practice scenarios are found in/with which practice is engendered as a forming axis.

Presence of practice as a forming axis

As Carvalho, Prado and Alonso warn us (2013, p. 5):

The experience of Physical Education in the public health service teaches it is necessary, above all, to consider the characteristics of the territory in order to plan interventions aimed at meeting the health needs of the local population. Training to ensure comprehensive care and shared interprofessional and intersectoral action, for example, is very different from a training centered on content and on the pedagogy of transmission that disregards the reality of living and health conditions and disconnects the student from the practice scenarios.

In addition, sociocultural environment in which human relationships are established must be considered in training curricula (BAGRICHEVSKY, 2007). In addition to the approximation of practice scenarios, Ferreira et al. (2013) indicate the University should also be responsible for creating pedagogical scenarios and proposals that incorporate the contexts of professional activity in the initial education curricula.

One of the clues that led us to this presence was in the bachelor's degree internship – the axis of training in health. In this case, one of the practice scenarios observed, with which the internship is articulated, is the⁸ Exercise Guidance Service (SOE). Nevertheless, it was observed that this is still a timid action, since there is a competition between two other spaces at this stage, in which students must decide which one to choose⁹.

Another clue is related to the constructions of the curriculum and curricular experiences in everyday life. In the subjects followed, we observed the constitution of non-traditional methodologies and devices, such as the production of videos/documentaries, field classes and visits to public health

⁸ SOE is a service developed in the city of Vitória/ES since 1990, linked to the Municipal Health Department. It precedes the Family Health strategy and was responsible for inserting the PEP in this municipality into public health. The service is provided at several spots in the city with the provision of PCAF (BECCALLI; GOMES, 2014).

⁹ In addition to SOE, students can choose to do their internship at a gym or at NUPEM (which brings together CEFD research laboratories). These last two are not linked to public health or Collective Health.

services. We believe that these are elements/strategies that mischaracterize the traditional disciplinary aspect and begin to create conditions of possibility for inserting students into practical contexts, including those related to public health services.

Such space-times engender elements of the formation of PEP, since practice as a formative axis creates conditions for the possibility of establishing movements in the daily practices produced in relations (FREITAS; CARVALHO; MENDES, 2013). In addition, such meetings depend on the exercise of qualified listening and shared actions that students have the opportunity to experience (ROCHA; CENTURIÃO, 2007).

We emphasize that practice, as a formative axis, can focus on different emphases. We noticed such a clue from the speech of an interviewed teacher. When discussing the internship in the bachelor's degree course (already mentioned), the teacher reports:

So, we have three fields that are divided: the academy field, NUPEM – which also has a stronger branch for the academy – and SOE. I inherited this internship from Professor Bruno, who worked in Basic Health Units with family health groups. So, when he left this internship, I took it over. Then, I chose to be more in the Exercise Guidance Service, which is where the Physical Education teacher is more located within this project that exists in Vitória City Hall (TEACHER 5, interview).

In the narrative, we observe it is not enough to carry out a field activity or internship to achieve teaching-service integration with a view to practice as a formative axis. We understand this premise holds, since these approaches can occur guided by hard, light-hard and light technologies (CECCIM; BILIBIO, 2007). In the example presented, the change of professor, as well as the location of the internship, ended up indicating different ways to guide the same.

Some student question the issue of not being able to apply all of the training principles. That harder science to say: 'you can't have much progression. There are a lot of people. You can't fix everyone'. Then, they begin to see these details that are also important and need to be minimized in relation to practices. But they also need to be relativized. It is necessary to say to them: 'look, there is not a gym there' (TEACHER 5, interview).

The excerpt presented indicates the conflict, in the internship, between the knowledge of hard and light-hard technologies (based on the epidemiology of risk, training protocols, quantitative variables of body metabolic rates, etc.) and the knowledge of light technologies oriented in act of live work, in the meeting with the service user.

Based on a proposal linked to Social and Human Sciences, we observe that light technologies need to be integrated into practice as a training component, as it is from them that live work and meeting with service users occur (CECCIM; BILIBIO, 2007). From this perspective, the exclusion of light technologies implies the denial of people who know about their health and who can assume a space of empowerment in the process of confronting and managing infidelities in the environment (DEJOURS, 1986; CANGUILHEM, 2009).

The opening of space-times and teaching staff that work with the perspectives of soft technologies can establish counterpoints with the biological tradition that underlies hard and soft-hard technologies, in the sense of following practice as a formative axis based on non-traditional and innovative political-epistemological guidelines; innovative not only in terms of broadening content, but also being able to change the very meaning of practices (SILVA; BRACHT, 2012).

We consider that, when the network expands to operate changes in training curricula, potential means are produced for the establishment of these changes, since, within it, the conditions of possibility are generated for the subversion of the established hegemony, and also, the continuity of curricular practices.

Minimal (or embryonic) presence

Studies have pointed to a mismatch between undergraduate and bachelor's degree courses in the health topic (BRUGNEROTTO; SIMÕES, 2009; FONSECA et al., 2011; FLORINDO et al., 2012; FONSECA; NASCIMENTO; BARROS, 2012). This allows us to consider that this phenomenon

is not restricted to CEFD/UFES, but arises as a question of the dichotomous scenario of the formations the area has assumed throughout its history.

We can observe, in table 1, such mismatch with regard to a minimal presence of the health topic in the licentiate course in relation to the bachelor's degree.

Table 1 – Disciplines related to the theme of health over time at CEFD/UFES

PPC/Period	No.	Discipline	Credit Hours
PPC-L/1991-2002	01	Biochemistry	60h
	02	Hygiene	60h
PPC-L/2006	01	Physical Education and School	60h
PPC-L/2011	01	Physical Education and School	60h
	02	Emergency Aid Teaching Workshop*	30h
	03	Teaching Workshop on Surveys in Physical Activity, Health and Nutrition*	30h
	04	ATIF Physical Education and Health I*	60h
	05	ATIF Physical Education and Health I*	60h
PPC-L/2012	01	Physical Education and Health	30h
PPC-B/2016	01	Physical Education, Health and Society	60h
	02	Physical Education and Health in Specific Groups	60h
	03	Bodily Practices in Nature*	60h
	04	Biological Rhythm, Chronobiology and Exercise*	60h
	05	Body Composition, Exercise and Health*	60h
	06	Physical Education and Health Promotion*	60h
	07	State, Social Classes and Physical Education*	60h
	08	Studies in Exercise, Health and Quality of Life*	60h
	09	Exercise, Health and Aging*	60h
	10	Health, Work and Gymnastics at Work*	60h
	11	Biotechnology, Health and Exercise*	60h
	12	Epidemiology, Preventive Health and Physical Education*	60h
	13	Studies in Gender, Ethnicity, Health and Exercise*	60h
	14	Fundamentals of Health Education*	60h
	15	DES Special topics for deepening*	60h
	16	DES Special topics for deepening*	60h
	17	Supervised Internship in Physical Education and Health*	105h

Source: PPCs.

SUBTITLE:

* = optional courses.

ATIF = Interactive Training Activities.

The table allows to highlight that the advent of the bachelor's degree course gave a greater presence of the health topic in CEFD/UFES. However, this theme has assumed a minimal position in the licentiate course. We can also mention the “disappearance” of optional curricular components (ATIFs and Teaching Workshops) in the transition from PPC from 2011 to 2012 in the licentiate course.

We realize that, currently, while the Licentiate Degree course includes a 30-hour course that discusses health, the Bachelor's course has 12 (twelve) subjects, of which two are mandatory and ten are optional (all with 60 hours, and the internship with 105 hours).

It seems to us this phenomenon is not specific to the researched context, but is the result of institutional constraints, whose example is found in the legislation itself. We cite, for example, the specialization of PE for the school teaching career, based on Resolutions 1 and 2 of 2002 (BRASIL, 2002a; 2002b), which seems to have redimensioned the training curricula for sociocultural and pedagogical discussions. This scenario may have contributed to the reduction of the health topic, above all, for one question: would the consideration of biological health and the radical criticism addressed to

it by renovating movements within institutions responsible for the “minimization” of this issue, without, however, its recovery through the Brazilian sanitary movement’s discussion?

The licentiate's 2006 PPC, guided by such policies, made a harsh criticism of the paradigm of physical fitness and the biological conception of health. However, criticism does not seem to recover this theme with the materialization of curricular space-times with a minimum workload for the discussion of health from the Social and Human Sciences and/or Public Health. It even seems this curriculum has become a “game changer” at CEFD and that it has significantly contributed to the construction of the bachelor's degree course.

[...] the licentiate course, at the time, presented a matrix, presented a curriculum, so that you are more like a pedagogue than a PE teacher. Then, a certain group of teachers said: 'Oh no! Now we have to create a bachelor's degree' (TEACHER 7, interview).

Notwithstanding the criticism of the paradigm of physical fitness and the concept of biological health, which seems to have resulted in the minimization of the health topic in the undergraduate degree and the construction of the bachelor's course with a large presence of this theme, we must consider that the licentiate's 2006 curriculum is the result of the agents' knowledge in this period of curricular reformulation, that is, of the reflexivity of their time.

As a result of these historical constructions, we observe the bachelor's degree course begins to be nurtured in public examinations held in the health field, in which professors with political-epistemological orientation in the area of Natural and Biological Sciences are hired¹⁰. This fact is reinforced in the analysis of the curricula vitae of these teachers, whose main themes are linked to Natural and Biological Sciences (see table 2).

This configuration creates some difficulties for the thematization of health from a perspective linked to the Social and Human Sciences at CEFD/UFES. And this would be a second kind of “minimization” the health theme receives in training curricula when compared to Natural and Biological Sciences. We work with the premise that the political-epistemological orientation of teacher education (expressed in part by their curricula vitae) and public tenders have been two of the elements that contribute to the “minimization” of the health topic in terms of its social and humanistic approach.

Furthermore, we observe the strengthening of the biological area as a result of policies to promote postgraduate studies, which is yet another action that supports the perspective of constructing the health theme from the historically installed biomedical hegemony in the area.

Despite this scenario, we see that the minimal presence is also embryonic, since there are professors who have been appropriating the spaces for debates on the health topic from the perspective of Social and Human Sciences and Public Health at CEFD/UFES, including taking courses in this theme. However, their presence often happens unplanned, that is, as an unintended consequence (GIDDENS, 2009).

The actions of teachers and the processes developed in vogue for a broader health are formulations that show how this phenomenon, "embryonic", may gain conditions of possibilities to subvert the biomedical hegemony in training with regard to the restricted orientation given to the health topic.

This “embryonic” factor is corroborated by Costa et al. (2012) by stating that knowledge of Public Health would be fruitful for the licentiate and bachelor's degree - that is, knowledge based on this political-epistemological orientation produces mottos in the development of PE as a profession in the health area (NASCIMENTO; OLIVEIRA, 2016).

Social demands have been created with the production of health-related policies. In the school context, we can mention the PSE, a program that has asked school agents (including PE) to contribute to the development of students' health (BRASIL, 2007). On the other hand, we see the PNPS (BRASIL, 2010), which has enabled the presence of the PEP in multidisciplinary health teams. From this

¹⁰ Five competitions held at CEFD/UFES focused on the health area were observed. All competitions were offered by the Department of Sports in the areas/year: Sports and Health Sciences (2008); Biological or Health Sciences (2008); Human Body Movement and Public Health (2009); Sports and Health (2011); Health Sciences/Physical Education/Physiology of Organs and Systems (2017). The competitions are mostly oriented from a biological perspective. This is a theme that is better discussed in Oliveira and Gomes (2019).

perspective, the PCAF have been seen as elements that may contribute to the development of the population's health.

In the sense of the discussion held in this presence, with the intimate relationship between PE and health in different contexts, it is necessary to problematize the dichotomy created in its training courses, as if health was a subject of the bachelor's degree to the detriment of the licentiate's degree.

“Curricular” (or PPC narratives) presence

The curriculum is much more than the documents that represent it. We understand the curriculum as a network that forms around forming and in-forming subjectivities (ALVES, 2010). However, in this subtopic, we use the term “curricular” presence (in quotation marks), in the strict documentary sense (of the narratives expressed in the PPCs).

We understand this presence is the result of reflexively monitored practical consciences (GIDDENS, 2009) and it identifies them, also presenting the disputes for space in the training curricula. We observe the PPCs as a political device, by the constituent movement that gives it materiality (and the possible uses made of it), establishing its limits and potentialities in institutional processes. The PPCs identify the movements of the actions of (groups of) professors that express certain political-epistemological orientations and produce academic disputes around, for example, the hiring of new professors.

We identified two major narrative movements in PPCs. In this sense, in 2006 PPC-L, we observed a movement of criticism on the concept of biological health (paradigm of physical fitness) and the institution of a broader vision (although this vision was not converted into the form of subjects, namely health in that document). This presence finds, in the actions of a group of teachers, the conditions of possibility for its documental materialization. We see this action not only in the teachers' signature on the curriculum document, but also in the publication of a paper in which they present this curriculum to the academic community (PAIVA; ANDRADE FILHO; FIGUEIREDO, 2006).

The “curricular” presence of the health topic is found in the narratives expressed in the documents and in the discursive awareness of professors (GIDDENS, 2009). The movement of criticism on the biological conception of health instituted from 2006's PPC-L initiates a process for a broader perspective of health. With the distance from time and space, we see such narratives unfold in the creation of curricular components and, also, in their removal (cf. table 1).

In this scenario, the movements of ruptures supported in the teachers' narratives are expressed – especially those who were involved with the reformulation of the undergraduate course. Despite the paradoxes surrounding the disciplinary presence of the health topic in the licentiate course, we see that the narratives constructed in 2006 corroborate the creation of a discipline “Physical Education and Health” in 2012 – which advances with the discussions of Public Health.

The second grand narrative can be found in 2016's PPC-B. This curriculum presents the health topic as a guiding axis of training for non-school spaces. In this sense, the presence occurs in the justification for the existence of the health topic in the formation of bachelor in PE. This understanding seems to follow the phenomenon reported in the hypothesis of the internal differentiation of the area (BRACHT, 2003), since the differentiation of curricula seems to permeate the distinction of emphasis in training (PIZANI; BARBOSA-RINALDI, 2014).

Another narrative the curriculum presents is the expanded health, which even seems to accompany the concept proposed at the VIII National Health Conference (BRASIL, 1987). Thus, PCAFs are correlated with health in the most varied perspectives, ranging from biophysiological knowledge to sociocultural, pedagogical, philosophical and political knowledge. However, the curriculum presents the paradox between the expanded narrative and the majority presence of disciplines linked to the political-epistemological orientation of Natural and Biological Sciences.

Such ambiguities also were commented on by teachers. “In the discussion of the bachelor's degree, the subjects and amendments also have this broader vision of health. However, we realize there is an attempt at biologization in the experience” (PROFESSOR 5, interview). The presented report points out the “curricular” narrative is not always practiced in everyday life, as many professors are linked to political-epistemological guidelines centered on Natural and Biological Sciences. In this sense, we ask:

how is it possible to have an expanded “curricular” narrative, at the same time that biologized practices are produced?

We understand that “curricular” narratives are not constituted as a micropolitical force if they are not linked to a practical conscience consistent with it. Following Giddens (2009), we see that, in practical consciousness, the agent “does not stick” to what he is doing, as he does it because he knows/believes that this is the most correct thing to do. In this logic, despite the “curricular” narratives, a curriculum can present paradoxes, as it is practiced by different individuals with different political-epistemological orientations (CUNHA, 2005).

“Academic” (or teacher training) presence

To characterize an “academic” presence, we consider teacher education as actions mediated by institutional reflexivity (GIDDENS, 2002) and that are part of the network that makes up the curricula. These formations allow us to observe how actions on certain reflexive ways of thinking/making the curriculum are constituted in it with certain *presences* that will guide different *emphases*. We call “academic” presence (in quotation marks), in the strict sense of teacher education, that which is expressed in their vitae curricula.

We consider the health topic is present in the training of teachers and that this fact seems to be associated with different political-epistemological orientations (CUNHA, 2005). The data produced from the vitae curricula indicate, with regard to training, that the health topic is presented mainly from the themes of degrees and their course completion reports (TCC, dissertations and theses).

Box 1 – Main themes in the training of CEFD/UFES teachers

Department of Sports		
Organic system (29)	Physiology (28)	
Physical training (17)	Body Practices (10)	
Diseases (8)	Obesity/Overweight (6)	
Biomechanics/Kinesiology (5)	Nutrition (4)	teacher education
Department of Gymnastics		
School Physical Education (14)	History of Education and Physical Education (11)	
Child/Childhood (7)	Body Practices (9)	
Periodicals (6)	Body (6)	
Gender/Sexuality (5)	Modernity/Post-modernity (5)	Health (5)
Inclusion (5)	School (5)	Knowledge production/Epistemology (5)

Source: Lattes curricula of CEFD/UFES professors.

In the Box, we can see the difference between the themes between the departments, since the Department of Sports (DS) seems to be more linked to the Natural and Biological Sciences, and the Department of Gymnastics (DG) to the Social and Human Sciences. Furthermore, we realize that the health topic appears, namely, with greater recurrence in the DG.

However, ambiguously, we observe a narrative indicating trained teachers (and researchers) in the biological area place themselves in the health field.

So, we see, in our Department meetings, everyone who researches in the biological area, they name themselves as professors in the health field. As if being involved with the biological was enough to be a person involved with the health field. So, there is a certain reductionism in speech in relation to the health topic when it comes to what is experienced (PROFESSOR 5, interview).

In fact, these professors end up taking over most of the subjects from the health field (exclusively, in the bachelor's degree course). In this sense, we observe the paradox that has been highlighted in the course of time-space. When problematizing the phenomenon, it seems there is little approximation of DG teachers in curricular actions related to the health topic, even if they present a greater presence in their training on this topic.

This phenomenon seems to be linked to the history of the field, in which health discussions were limited to Natural and Biological Sciences. Therefore, the majority presence of teachers trained in this political-epistemological orientation (CUNHA, 2005) provokes an “extension” of this reflexivity in institutional time-space (GIDDENS, 2009).

However, in this scenario, there is the emergence of unintended consequences (GIDDENS, 2009) when we observe the presence of professors who, sheltered in the Social and Human Sciences and in Public Health, produce some actions in a different direction than the biomedical tradition.

Another element that influences this complex phenomenon is postgraduate studies, since PE is considered, in the Brazilian research and postgraduate system, to belong to Area 21 (Great Area of Health Sciences). The political-epistemological orientation of this area is linked to Natural and Biological Sciences, which denotes a “(fatal) attraction to biodynamics” (MANOEL; CARVALHO, 2011).

This scenario is a major factor for understanding the contradictions in the case of CEFD/UFES training curricula. Historically, this Center has built a strong pedagogical trait, but ended up suffering constant constraints from the larger apparatus of institutional reflexivity of the graduate program in which PE is inserted.

On the other hand, the increased presence of the health topic in other logics (here, in our case, in Social and Human Sciences and in Public Health) seems to establish other possibilities for the presence of the topic in PE training, as it indicates different trajectories that can transform such scenario. It is noteworthy that such actions make up the potential to question the tradition so far propagated in PE and materialized in higher education curricula in this area.

THE EMPHASIS OF THE HEALTH TOPIC IN INITIAL TRAINING IN PHYSICAL EDUCATION

The *presences* materialize the empirical contexts of existence (and action) of the health topic in training curricula. Its conformations are affected by the reflexivity that characterizes what we call *emphases*. Below, we present two emphases: a) technical-scientific, biophysiological and biomedical emphasis; and b) pedagogical, public and collective emphasis. We understand these *emphases* express the contours which the health topic is gaining in the institutional setting of CEFD/UFES and the movements occurring in the curricula that start to affect PE training.

Technical-scientific, biophysiological and biomedical emphasis

The modern Western tradition expresses the specialization of scientific disciplines, which were absorbed by its institutions, including educational ones. Science is proclaimed as an archetype of people's education – a universal, technical and scientific education. The division and hierarchy of knowledge into subjects corroborates the ways in which educating methods in higher education are produced, which includes our field of research.

Many of the curricular subjects are characterized by their scientific nature, mainly as a result of the application of the mother sciences: anatomy, physiology, biochemistry, etc. At CEFD/UFES, as well as at other institutions, we observed that, between the 70s and early 80s, the minimum curriculum was applied. This type of curriculum surpasses all the contexts of each Higher Education Institution, as its “scientific applicability” on the “know-how” conceives an universal extension of the knowledge that it brings together, not allowing particular knowledge of each location (SOUZA NETO et al. , 2004; BENITES; SOUZA NETO; HUNGER, 2008).

Despite the break with the minimum curriculum, which took place in the researched institution from the 1991's PPC-L, curricular knowledge still continues to be shredded by the disciplinary

hierarchy supported by the scientific emphasis. From this perspective, we notice the intention for transformation ends up accompanying the reproduction of the structure, thus leading to consolidation in the distance of space-time.

In the disciplinary presence that ends up being sustained from the logic of scientific emphasis, there is an intersection point, that is, such emphasis corroborates the disciplinary presence of the health topic (and others) when there are reports that subjects such as anatomy, physiology, biochemistry etc. would link to such thematic. In this sense, a restricted conception of (biological) health is expressed, which is centered on the traditional scientific apparatus.

The traditional epistemological paradigm postulates principles and laws that define the teaching activities at the University (CUNHA, 2005). These definitions rank the knowledge, highlighting as superior those coming from the Natural and Biological Sciences. These principles are based on the dominant paradigm expressed in the rationality model (quantification, neutrality between subject/object, production of knowledge about the cause/effect relationship), in which the scientific method operates to reduce complexity (SANTOS, 2010).

The scientific emphasis affecting the training curricula of CEFD/UFES results from the epistemological configuration of the field, which, when linked to the Greater Health Area/Area 21 (CAPES/CNPq), becomes influenced by the scientific parameters of biodynamics (science which, hegemonically, focuses on biophysiological and biomedical studies).

This curricular scenario influenced by graduate studies is perceived in studies that criticize this model in vogue in the field of PE (MANOEL; CARVALHO, 2011; BRACHT, 2014). In Bracht (2014), we also see the statement that PE's relation with science is metaphorically presented in the scenes of an unhappy marriage. We observed that efforts to change the disciplinary logic in training curricula to an interprofessional and interdisciplinary contextualization would establish what Bracht (2014) refers to being interested in science without being dominated by it. Or, in the terms of the same author, scientific production in Physical Education is not limited to a reified practice that has little dialogue with professional intervention (BRACHT, 2015).

These are lines placed in the training network, but which are constantly constrained by the postgraduate system in at least two ways. The first deals with the promotion of public policies (and, in this case, we can mention the Program for Restructuring and Expansion of Federal Universities - REUNI), in which graduate studies gain space in the (re)formulation of training curricula, thus influencing them with regard to the ways in which the *presences* and *emphases* of the health topic will be given. The second is related to the training of professors who work/will work in higher education, that is, such professors will have certain political and epistemological guidelines consolidated in their postgraduate training (CUNHA, 2005) that will influence the constitution of the curricula of training and the daily curricular experience itself.

We see that the scientific emphasis is also manifested in the curriculum vitae of the professors, since the University also brings together the social responsibility of knowledge production. In this sense, it is perceived there is an emphasis on the health topic, which is linked to the production of knowledge in the biomedical and biophysiological areas. We work with the idea that this emphasis stems, in part, from a political-epistemological orientation (CUNHA, 2005) present in the training and scientific production of these teachers.

From this perspective, we observe there are professors who place themselves in the health field in the sense of developing or approaching studies in the biological area. A problem that may arise from such a scenario is linked to the fact that actions of these teachers influence the constitution of the CEFD/UFES training curricula. Thus, the biophysiological and biomedical emphasis will contribute to the constitution of a unilateral training, as it focuses on the cause-effect relationship, and is under the risk of falling into a merely "applicationist" perspective of scientific concepts/protocols (REZER; FENSTERSEIFER, 2008).

Another moment in which we observed the scientific, biophysiological and biomedical emphasis materialized in the daily practices of the followed subjects. The actions of actors permeating daily life reflect (and reproduce) such emphasis, since empirical data show us the production of discourses and practices that are linked to protocols and theories that are linked to Natural and Biological

Sciences; not only to its political-epistemological orientation, but also to its *modus operandi*, thus producing a practical awareness (GIDDENS, 2009) that corroborates this emphasis.

The biophysiological and biomedical emphasis, taken separately in training, are associated with reducing the complexity of the health topic to a restricted concept such as the mere “absence of disease”. It may also result in the process of moralizing health actions, thus generating practices that blame the subject for their state of (absence) of health (CAPONI, 2003). In addition, there are the attempts to produce a (scientific) concept of health, wrapped in organic, individualized and standardizing protocols and rules, which ends up attenuating the strict understanding that only science is responsible for saying what it means to be healthy (normal) or pathological (CANGUILHEM, 2009).

On the contrary, Caponi (2003, p. 57), based on Canguilhem, states that “[...] it is not possible to reduce the concept of health to a 'scientific' term”. This fact is due to the perspective that life is not restricted to the hegemonic (biomedical) scientific model and needs other perspectives to be understood. Therefore, health and illness are dimensions of life that need to be analyzed not as opposites or as synonyms of normality/abnormality (CANGUILHEM, 2009).

We believe the phenomena arising from scientific, biophysiological and biomedical emphases, when taken as the only way to address the health topic in curricula and curricular experiences, can produce implications for PE training practices. We highlight the one that guides a reduction in the possibilities of understanding the health topic, which produces practices and knowledge centered on a pedagogy of transmission and a biomedical perspective.

Pedagogical, public and collective emphasis

The pedagogical, public and collective emphases emerge from the criticism of the emphases discussed above. We can observe, in time-space, that these emphases can be anchored from the 1980s onwards, a period that sheltered the redemocratization of Brazilian society, the promulgation of the Federal Constitution, the sanitary movement, the constitution of SUS, brought together by expanded conceptions of human being, society and health.

In the context of PE, we see the approximation of a portion of its teachers/intellectuals with the knowledge arising from the Social and Human Sciences and also from Public Health, which generated a movement of criticism of the traditional scenario reproduced in time and space. This approach allowed the criticism of the sports phenomenon (in which the notion of health related to physical fitness was developed) until then predominant in the area.

This strand will represent not only a pole of political resistance in the field, but also academic resistance to the scientism of Sports Science. More recently, it is seen a movement that reinforces the need to build a PE theory, understood as a pedagogical practice, since it was almost excluded from the field as an object (BRACHT, 2014).

In the scenario presented by Bracht¹¹ (2014), the trajectory of change is assumed towards a pedagogical orientation, thus reflecting in new ways of theorizing the field and its contents/knowledge. Thus, we have a visualization of the reflexivity that accompanies the transformation processes intimately related to the emphasis, which, for now, we propose to discuss.

We observed, in the “curricular” presence, especially in the CEFD/UFES licentiate course – starting in the 1991 curriculum and being radicalized in 2006 –, the constitution of a new rationality in relation to PE training. The 2006’s PPC-L presents a narrative that breaks with the biological tradition centered on physical fitness and on the perspective that practicing sports promotes health (in the strict sense, solely, of physical exercise). Such actions are possible within an institutional reflexivity that breaks with the dominant assumptions, being thus corroborated by the agency of fracture lines found in the structuring of the current social system (GIDDENS, 2009). This means it is in the contradictions found in the system that the criticisms originally arising from those subjects who are linked to the political-epistemological orientation of the Social and Human Sciences emerge.

¹¹ Although the author refers to the pedagogical dimension as something linked to PE as a curricular component, we understand it is fruitful to extend this notion to other fields of action, including SUS, a space for encounters, potentialities, subjects and possibilities of designing PCAF from a perspective beyond the hegemonic (biomedical) clinic.

It was also observed, in the presence of discipline and practice as a forming axis, the emergence of disciplines in the investigated courses in which the pedagogical, public and collective emphases are developed. In these disciplines, the political-epistemological orientation (CUNHA, 2005) related to Human and Social Sciences and Public Health is superimposed.

Regarding the pedagogical emphasis, Paiva et al. (2015) develop a study in the relation between PE and health. The authors highlight “[...] that the pedagogical dimension, as an object of professional intervention, in Physical Education, is present in different areas of action, including in the health field” (PAIVA et al., 2015, p. 458). The pedagogical dimension is considered an axis that permeates the formation of licentiate and bachelor's degrees, thus building professional subjectivities focused on the pedagogical scope (PAIVA et al., 2015).

In this sense, training for the health field is no longer considered strictly scientific in nature and begins to receive a pedagogical emphasis. This perspective supports the view that the PEP working in the health field also has a pedagogical identity (PAIVA et al., 2015).

We observe that, in the daily practice, in the subject “Physical Education and Health” (Licentiate), the pedagogical dimension linked to health education is developed. In the bachelor course, the pedagogical emphasis appeared in the two followed disciplines, with different perspectives. In the subject “Physical Education, Health and Society”, we observe the pedagogical dimension related to the critical treatment of health interventions.

With the data produced and the reflection with Paiva et al. (2015), we realize the pedagogical emphasis is manifested in some subjects that include both courses. In this sense, we understand the need to add pedagogical emphasis with critical and expanded references so as not to fall back on a scientism that preaches scientific-centered, medical-centered and decontextualized actions.

Practice as a forming axis appears clearly in the internship discipline of the bachelor course and in some daily actions of the discipline “Physical Education, Health and Society” of the same course. This presence, in part, was shown to be in tune with the pedagogical, public and collective emphasis (since in the bachelor's degree there is competition of spaces in internship in which the emphasis of the previous topic prevails).

We observed that, in the aforementioned presence, the public and collective emphases are consistent with the contexts of the public service, in which students can broaden their perceptions about the work to be developed there. Carvalho, Prado and Alonso (2013) corroborate this idea by calling attention to the contextualization of actions, in order to ensure the comprehensiveness of health care, and not just fall back on the mere transmission of content (transmission pedagogy) outside the context of practice.

Bringing training closer to practice scenarios is related to the development of emphases capable of tracing common paths between teaching and service, between University and Community, thus horizontalizing relationships. The data, including those linked to the curricular experience we live in the subject “Physical Education, Health and Society”, point to the development of pedagogical, public and collective emphasis, in order to reorient training, thus bringing the contexts of practice closer together and nurturing collaborative networks.

We observe the pedagogical, public and collective emphases in the “academic” presence. With Giddens (2009), we understand this is where we can see the beginning of the reproduction of this perspective, as it is in the agency we find the power to weave the bundles of dispute in training curricula and in curricular experiences. The data show these emphases are given when teachers have a background close to Social and Human Sciences and Public Health.

Such emphases preserve a potential in the configuration of fracture lines in face of the contradictions of the technical-scientific, biophysiological and biomedical emphases. In this sense, we observe the emergence of small actions that begin to touch on some changes, thus adding greater presence to the pedagogical, public and collective emphasis. Thus, we note such actions are weaving the curriculum networks of CEFD/UFES in the sense of breaking out new ways of doing and thinking about the training curriculum in relation to the health issue.

Despite their potential, we note these actions are still shy in the face of the hegemony placed in the field of PE. In this sense, we realize the pedagogical, public and collective emphases are still shy in training curricula, largely as a result of the phenomenon we have called minimal (or embryonic)

presence. This phenomenon can be explained in light of the recent approach between PE and Public Health, which puts us on the horizon that such a perspective can become powerful and promote significant changes in training curricula.

In this sense, we observe that the pedagogical, public and collective emphases express opportunities to achieve training consistent with the contexts of practice and with SUS, thus contributing to the promotion of (and attention to) the health of populations. However, these are relations to be made/constructed and are involved in the institutional plots on which the dominant reflexivity and other emerging ones are based.

Therefore, we understand it is in the relationships developed in daily life and reflexively monitored that such emphases may emerge, thus creating conditions of possibilities for the development of other perspectives for PE education regarding the health topic. This process is permeated by contingency and, from this perspective, it is understood that it is part of the process at the same time as it is in it. Finally, it is worth highlighting the following Baumanian thought: instead of trying to eradicate contingency, we can make it our destiny (BAUMAN, 1999).

FINAL CONSIDERATIONS

This study was designed inductively, since it was the field that asked us to equalize the method in a contextualized way. The concepts enshrined in the structuration theory proved to be relevant to our investigation. The duality relationship of the structure allowed us to observe some of the lines of the network that constitute the training curricula of CEFD/UFES. In this sense, we understand that there are a series of fine lines between agency and structure that need to be taken into account in the analyses, not overlapping one another, but considering them as a complex plot.

In the investigation, we considered some of the phenomena that contribute to the constitution of the *presences* and *emphases* of the health theme in PE training curricula. They are: macro-social policies, curricular constructions/adjustments, the professors' political-epistemological guidelines (curriculum vitae and interests) and public tenders. These empirical elements, together with the regimented concepts of duality of structure and political-epistemological orientations, created the conditions of possibilities for us to conceptualize *presences* and *emphases*.

From the perspective of structuring theory, we observe that macro-social policies influence how everyday practices are (re)produced. Policies such as REUNI and the postgraduate system itself were/are peremptory as constraining the paths in which PE training has been taking shape.

At the microsocial level, we saw how the curricular constructions/readjustments also influenced *presences* and *emphases* given to the health topic at CEFD/UFES. In this sense, the political-epistemological orientation of the professors is a useful element for understanding their actions.

However, it is necessary to consider that the political-epistemological orientations are not loose or reflect only the individual decision of the subject; otherwise, they are part of a reflexively monitored practical conscience, thus expressing the duality of the structure – that is, the political-epistemological orientations are, at the same time, the means and the result of the behaviors they recursively organize.

In this sense, five *presences* and two *emphases* given to the health topic in the training curricula of CEFD/UFES were observed. Observing the *presences* and *emphases* given to the health topic in training curricula makes us consider the potential that this knowledge provides for the critical analysis (and, who knows, for the production) of training policies for licentiate or bachelor courses in PE.

We consider the importance of the emergence of emphases linked to Social and Human Sciences and Public Health, as well as their strengthening in training curricula. This is a bet that has already generated changes in training curricula (or, at least, problematized the hegemony reproduced in them), thus allowing for other ways of looking at the complex phenomenon that PE is about, which is the human body movement in its interface with the PCAF produced in time-space, specifically, relating them to the field of health.

The present study is limited to a time frame, developed prior to the publication of the new PE Curriculum Guidelines. However, such guidelines reinforce the opportunity to promote further research on the health topic in PE training, aiming to critically reflect on its consequences.

* The translation of this article into English was funded by the Fundação de Amparo à Pesquisa do Estado de Minas Gerais – FAPEMIG – through the program of supporting the publication of institutional scientific journals.

** This article was supported by the Espírito Santo Research and Innovation Foundation (FAPES), in the form of a doctoral scholarship.

REFERENCES

ALVES, Nilda. Redes educativas ‘dentrofora’ das escolas, exemplificadas pela formação de professores. In: SANTOS, Lucíola Licínio de Castro Paixão et al. (Orgs.). *Convergências e tensões no campo da formação e do trabalho docente*. Belo Horizonte: Autêntica, 2010, p. 49-66.

BAGRICHEVSKY, Marcos. A formação profissional em educação física enseja perspectivas (críticas) para atuação na saúde coletiva? In: FRAGA, Alex Branco; WACHS Felipe (Orgs.). *Educação física e saúde coletiva: políticas de formação e perspectivas de intervenção*. Porto Alegre: Editora da UFRGS, 2007, p. 33-46.

BARROS, Regina Benevides; PASSOS, Eduardo. Diário de bordo de uma viagem-intervenção. In: PASSOS, Eduardo; KASTRUP, Virgínia; ESCÓSSIA, Liana. *Pistas do método da cartografia: pesquisa-intervenção e produção de subjetividade*. Porto Alegre: Sulina, 2010, p. 172-200.

BAUMAN, Zygmunt. *Modernidade e ambivalência*. Rio de Janeiro: Zahar, 1999.

BECCALLI, Michel Binda; GOMES, Ivan Marcelo. Mais que atividade física: usos e entendimentos da saúde e do Serviço de Orientação ao Exercício da Prefeitura Municipal de Vitória entre usuários do serviço. *Revista Brasileira de Ciências do Esporte*, Florianópolis, v. 36, supl., p. S26-S43, abr/jun 2014.

BENITES, Larissa Cerignoni; SOUZA NETO, Samuel; HUNGER, Dagmar. O processo de constituição histórica das diretrizes curriculares na formação de professores de Educação Física. *Educação e Pesquisa*, São Paulo, v. 34, n. 2, p. 343-360, mai/ago 2008.

BRACHT, Valter. Identidade e crise na educação física: um enfoque epistemológico. In: BRACHT, Valter; CRISORIO, Ricardo (Org.). *A educação física no Brasil e na Argentina: identidade, desafios e perspectivas*. Campinas: Autores Associados; Rio de Janeiro: PROSUL, 2003, p. 13-29.

BRACHT, Valter. *Educação física & ciência: cenas de um casamento (in)feliz*. 4. ed. Ijuí: Unijuí, 2014.

BRACHT, Valter. Educação Física, método científico e reificação. In: STIGGER, Marco Paulo (org). *Educação Física + Humanas*. Campinas: Autores Associados, 2015, p.1-21.

BRASIL. CONFERÊNCIA NACIONAL DE SAÚDE, 8, 1986. Brasília, *Anais*. Brasília: Ministério da Saúde, 1987.

BRASIL. CONSELHO NACIONAL DE EDUCAÇÃO. Resolução nº 1, de 18 de fevereiro de 2002. Institui Diretrizes Curriculares Nacionais para a Formação de Professores da Educação Básica, em nível superior, curso de licenciatura, de graduação plena. *Diário Oficial da União*, Brasília, 4 de março de 2002a. Seção 1, p. 8-9.

BRASIL. CONSELHO NACIONAL DE EDUCAÇÃO. Resolução nº 2, de 19 de fevereiro de 2002. Institui a duração e a carga horária dos cursos de licenciatura, de graduação plena, de formação de professores da Educação Básica em nível superior. *Diário Oficial da União*, Brasília, 4 de março de 2002b. Seção 1, p. 9.

BRASIL. MINISTÉRIO DA EDUCAÇÃO. MINISTÉRIO DA SAÚDE. Decreto Presidencial nº 6.286, de 5 de dezembro de 2007. Institui o Programa Saúde na Escola – PSE, e dá outras providências. *Diário Oficial da União*, Brasília, 6 de dezembro de 2007. Seção 1, p. 2.

BRASIL. MINISTÉRIO DA SAÚDE. *Política Nacional de Promoção da Saúde*. 3. ed. Brasília: Ministério da Saúde, 2010.

BRUGNEROTTO, Fábio; SIMÕES, Regina. Caracterização dos currículos de formação profissional em Educação Física: um enfoque sobre saúde. *Physis: Revista de Saúde Coletiva*, Rio de Janeiro, v. 19, n. 1, p. 149-172, jan/mar 2009.

CANGUILHEM, Georges. *O normal e o patológico*. 6. ed. Rio de Janeiro: Forense Universitária, 2009.

CAPONI, Sandra. A saúde como abertura ao risco. In: CZERESNIA, Dina (Org.). *Promoção da saúde: conceitos, reflexões, tendência*. Rio de Janeiro: Editora Fiocruz, 2003, p. 55-77.

CARVALHO, Yara Maria; PRADO, Alessandro Rovigatti; ALONSO, Andreia Trevizan. Formação em educação física no Brasil: outros modos de pensar e intervir no serviço público de saúde. *Educación Física y Ciencia*, La Plata – Buenos Aires, v. 15, n. 1, p. 10-16, 2013.

CECCIM, Ricardo Burg; BILIBIO, Luiz Fernando. Singularidades da educação física na saúde: desafios à educação de seus profissionais e ao matriciamento interprofissional. In: FRAGA, Alex Branco; WACHS, Felipe (Orgs.). *Educação física e saúde coletiva: políticas de formação e perspectivas de intervenção*. Porto Alegre: Editora da UFRGS, 2007, p. 47-62.

COSTA, Larissa Chaves et al. Formação profissional e produtividade em saúde coletiva do profissional de educação física. *Revista Brasileira de Atividade Física & Saúde*, Pelotas, v. 17, n. 2, p. 107-113, abr 2012.

CUNHA, Maria Isabel. *O Professor Universitário na Transição de Paradigmas*. Araraquara: Junqueira & Marins Editores, 2005.

DEJOURS, Christophe. Por um novo conceito de saúde. *Revista Brasileira de Saúde Ocupacional*, São Paulo, v.14, n.54, p.7-11, abr/jun 1986.

DESSBESELL, Giliane; CABALLERO, Raphael Maciel da Silva. Educação Física, currículo e formação para o campo da saúde: alguns movimentos possíveis. In: WACHS, Felipe; ALMEIDA, Ueberson Ribeiro; BRANDÃO, Fabiana Fernandes de Freitas (Orgs.). *Educação Física e Saúde Coletiva: cenários, experiências e artefatos culturais*. Porto Alegre: Rede UNIDA, 2016, p. 113-130.

FERREIRA, Sionaldo Eduardo et al. Formação profissional em Educação Física e saúde na Universidade Federal de São Paulo. *Revista Brasileira de Atividade Física e Saúde*, Pelotas, v. 18, n. 5, p. 646-651, set 2013.

FLORINDO, Alex Antonio et al. Formação em Educação Física e saúde: o exemplo do curso de ciências da atividade física da Universidade de São Paulo. In: NASCIMENTO, Juarez Vieira; FARIAS, Gelcemar Oliveira (Orgs.). *Construção da identidade profissional em educação física: da formação à intervenção*. Florianópolis: Ed. da UDESC, 2012, p. 587-603.

FONSECA, Silvio Aparecido et al. Pela criação da Associação Brasileira de Ensino da Educação Física para a Saúde: Abenefs. *Revista Brasileira de Atividade Física & Saúde*, Florianópolis, v. 16, n. 4, p. 283-288, out/dez 2011.

FONSECA, Silvio Aparecido; NASCIMENTO, Juarez Vieira; BARROS, Mauro Virgílio Gomes. A formação inicial em educação física e a intervenção profissional no contexto da saúde: desafios e proposições. In: NASCIMENTO, Juarez Vieira; FARIAS, Gelcemar Oliveira (Orgs.). *Construção da identidade profissional em educação física: da formação à intervenção*. Florianópolis: Ed. da UDESC, 2012, p. 557-585.

FREITAS, Fabiana Fernandes; CARVALHO, Yara Maria; MENDES, Valéria Monteiro. Educação Física e saúde: aproximações com a “Clínica Ampliada”. *Revista Brasileira de Ciências do Esporte*, Florianópolis, v. 35, n. 3, p. 639-656, jul/set 2013.

FREITAS, Rogério Gonçalves; OLIVEIRA, Marcos Renan Freitas; COELHO, Higson Rodrigues. Recentes Diretrizes Curriculares Nacionais dos cursos de graduação em educação física e ruptura na formação: apontamentos preliminares. *Cadernos de Educação Física e Esporte*, Marechal Cândido Rondon, v. 17, n. 1, p. 245-253, jan/jun 2019.

GIDDENS, Anthony. *Modernidade e identidade*. Rio de Janeiro: Jorge Zahar, 2002.

GIDDENS, Anthony. *A constituição da sociedade*. 3. ed. São Paulo: Editora WMF Martins Fontes, 2009.

KASTRUP, Virgínia. O funcionamento da atenção no trabalho do cartógrafo. In: PASSOS, Eduardo; KASTRUP, Virgínia; ESCÓSSIA, Liana. *Pistas do método da cartografia: pesquisa-intervenção e produção de subjetividade*. Porto Alegre: Sulina, 2010, p. 32-51.

LOCH, Mathias Roberto; RECH, Cassiano Ricardo; COSTA, Filipe Ferreira. A urgência da Saúde Coletiva na formação em Educação Física: lições com o COVID-19. *Ciência & Saúde Coletiva*, Rio de Janeiro, v. 25, n. 9, p. 3511-3516, set 2020.

MACEDO, Elizabeth et al. *Criar currículo no cotidiano*. 3. ed. São Paulo: Cortez, 2011.

MANOEL, Edison de Jesus; CARVALHO, Yara Maria. Pós-graduação na educação física brasileira: a atração (fatal) para a biodinâmica. *Educação e Pesquisa*, São Paulo, v. 37, n. 2, p. 389-406, mai/ago 2011.

NASCIMENTO, Paulo Magalhães Monard; OLIVEIRA, Marcio Romeu Ribas. Perspectivas e possibilidades para a renovação da formação profissional em Educação Física no campo da saúde. *Pensar a Prática*, Goiânia, v. 19, n. 1, p. 209-219, jan/mar 2016.

NOGUEIRA, Júlia Aparecida Devidé; BOSI, Maria Lúcia Magalhães. Saúde Coletiva e Educação Física: distanciamentos e interfaces. *Ciência & Saúde Coletiva*, Rio de Janeiro, v. 22, n. 6, p. 1913-1922, set 2017.

OLIVEIRA, Victor José Machado; GOMES, Ivan Marcelo. O tema da saúde na formação inicial em educação física em uma Universidade pública: reflexividade, agência e estrutura. *Movimento*, Porto Alegre, v. 25, p.1-14, 2019.

PAIVA, Fernanda Simone Lopes; ANDRADE FILHO, Nelson Figueiredo; FIGUEIREDO, Zenólia Christina Campos. Formação Inicial e Currículo no CEFD/UFES. *Pensar a Prática*, Goiânia, v. 9, n. 2, p. 213-230, jul/dez 2006.

PAIVA, Andrea Carla et al. Dimensão pedagógica da Educação Física no âmbito da saúde. *Pensar a Prática*, Goiânia, v. 18, n. 2, p. 447-460, abr/jun 2015.

PASQUIM, Heitor Martins. A Saúde Coletiva nos cursos de graduação em Educação Física. *Saúde e Sociedade*, São Paulo, v. 19, n. 1, p. 193-200, jan/mar 2010.

- PIZANI, Juliana; BARBOSA-RINALDI, Ieda Parra. Identidade dos cursos de licenciatura e bacharelado em Educação Física no Paraná: uma análise das áreas do conhecimento. *Revista Brasileira de Educação Física e Esporte*, São Paulo, v. 28, n. 4, p. 671-82, out/dez 2014.
- REIS, Wladimir Barbosa; GOMES, Ricardo José; OLIVEIRA, Rogério Cruz. A interdisciplinaridade no estágio supervisionado de um curso de Educação Física. *Pro-Posições*, Campinas, v. 31, e20180030, jan 2020.
- REZER, Ricareo; FENSTERSEIFER, Paulo Evaldo. Docência em educação física: reflexões acerca de sua complexidade. *Pensar a Prática*, Goiânia, v. 11, n. 3, p. 319-329, set/dez 2008.
- ROCHA, Vera Maria; CENTURIÃO, Carla Haas. Profissionais da saúde: formação, competência e responsabilidade social. In: FRAGA, Alex Branco; WACHS, Felipe (Orgs.). *Educação Física e saúde coletiva: políticas de formação e perspectivas de intervenção*. Porto Alegre: Editora da UFRGS, 2007, p. 17-32.
- SANTOS, Boaventura de Sousa. *Um discurso sobre as ciências*. 7. ed. São Paulo: Cortez, 2010.
- SILVA, Mauro Sérgio; BRACHT, Valter. Na pista de práticas e professores inovadores na educação física escolar. *Kinesis*, Santa Maria, v. 30, n. 1, p. 80-94, jan/jun 2012.
- SOUZA NETO, Samuel et al. A formação do profissional de educação física no Brasil: uma história sob a perspectiva da legislação federal no século XX. *Revista Brasileira de Ciências do Esporte*, Campinas, v. 25, n. 2, p. 113-128, jan 2004.
- TEDESCO, Silvia Helena; SADE, Christian; CALIMAN, Luciana Vieira. A entrevista na pesquisa cartográfica: a experiência do dizer. *Fractal: Revista de Psicologia*, Rio de Janeiro, v. 25, n. 2, p. 299-322, mai/ago 2013.
- VINUTO, Juliana. A amostragem em bola de neve na pesquisa qualitativa: um debate em aberto. *Temáticas*, Campinas, v. 22, n. 44, p. 201-218, ago/dez 2014.

Submitted: 21/05/2020

Approved: 17/01/2021