

REFLECTIONS ON THE POWER OF “SOFT SCIENCES” IN HEALTH SCIENCES

*REFLEXÕES SOBRE A FORÇA DAS “CIÊNCIAS MOLES” NAS
CIÊNCIAS DA SAÚDE* 

*REFLEXIONES SOBRE LA FUERZA DE LAS “CIENCIAS BLANDAS” EN
LAS CIENCIAS DE LA SALUD* 

 <https://doi.org/10.22456/1982-8918.145650>

 **Carolina Martínez-Salgado*** <cmartine@correo.xoc.uam.mx>

* Departamento de Atención a la Salud, Universidad Autónoma Metropolitana (Xochimilco). Ciudad de México, México.

Abstract: This document presents a set of reflections originating from the reading of Practicing “soft sciences” in the field of health, by Denise Gastaldo and Joan Eakin. The purpose is to establish a dialogue on the important issues addressed in the article. The debate revolves around the limitations of the scientific view when the perspective is restricted to a dogmatic conception. It is pointed out that the problem is not confined to the field of health sciences but also affects the social sciences and even extends to the field of qualitative research, which degrades and obscures the power of its approach. The considerations raised point to the crucial importance of moving towards building a scientific vision that is up to the challenges of our time and acknowledging the value of the creative strategy devised by the authors to work for it.

Keywords: Health sciences; Qualitative research; Soft sciences; Epistemology

Received on: Feb. 2, 2025
Approved on: Feb 6, 2025
Published in: Mar. 5, 2025



This is an article published
in open access under
the Creative Commons
Attribution 4.0 (CC BY 4.0)

1 AN IRRESISTIBLE INVITATION

I first learned of the existence of the Centre for Critical Qualitative Health Research when I was writing my contribution for a book in which a group of Latin American scholars would record their experiences and reflections on the training of qualitative researchers in the field of health (Chapela, 2018). While reading in order to prepare that chapter, I was fortunate enough to come across a work that I found fascinating – *Educating critical qualitative health researchers in the land of the randomized controlled trial* – which culminated in a description of why and how that center was created (Eakin, 2016). With that background, it is not hard to imagine the enormous interest sparked in me by the invitation to read Denise Gastaldo and Joan Eakin's *Praticando "ciências moles" no campo da Saúde* [Practising Soft Science in the Field of Health] and engage with them in the intertextual dialogue that we begin here.

Reading this document has been pleasant and enriching, and I feel very grateful for the opportunity to participate in this conversation about how we experience the dissemination and practice of critical qualitative research in various places around the world. By immersing oneself in this beautiful text, the reader experiences enormous enjoyment on at least three levels – intellectual, ethical, and aesthetic. That is due to the clarity with which the authors present a set of highly suggestive ideas as a result of their commitment to searching for modalities of research that lead to better ways of thinking and acting. It is also due to the beauty of the evocative metaphors with which they convey, with astonishing effectiveness, the ingenious strategy they have created to promote learning and the practice of critical qualitative research in the field of health sciences. This is no easy task, as I can confirm myself, being a native of this territory due to my original training as a doctor.

In the following pages I will present only some of the many reflections aroused in me by that important communication – from those in which I enthusiastically adhere to its proposals to those that lead me to raise other points of view and some concerns based on my own experiences, always with the hope of contributing to strengthen critical qualitative research, in this case through the dialogue opened by this exchange.

2 FIRST AGREEMENT: ON THE LIMITATIONS OF THE HEALTH SCIENCES VIEW

As the authors describe, the limitations of the scientific perspective that prevails in the field of health sciences arise from its almost exclusive focus on biomedical knowledge and its reluctance to incorporate both the contributions of the social sciences and the epistemological and theoretical-methodological foundations provided by critical qualitative research, described by the authors as a form of inquiry that is attentive to equity, with methodologies based on social theories.

I believe that health sciences could not do without the contributions of natural sciences, which are essential to account for what happens with the biological foundation

inherent to the human species. However, by limiting their views of scientificity to the most reductionist levels of this type of knowledge – the scientism explained so well by the authors – researchers in this field fail to acknowledge the complexities posed by the integration of this condition that is not only biological but also psychic and social, which constitutes the human being in whom their “object” of study materialize: health problems. By proceeding in this way, health sciences seriously impoverish their conceptual and methodological possibilities to address the complex dimensions at play in the constitution of this unprecedented biopsychic and social synthesis that actualizes the human phenomenon (Córdova; Leal; Martínez, 1989).

Obviously, in order to study the multiple biological, psychic and sociocultural processes involved in the constitution and symbolization of the body and its vicissitudes, as they are configured within the intersubjective sphere of social, economic and cultural relations inscribed in the historical totality in which each new human is born, health sciences require, in addition to the contributions of the natural sciences, those of the social sciences (Martínez, 2014). Research in health sciences poses this level of demand. Regrettably, as Gastaldo and Eakin point out, the predominance of the biomedical view that has been imposed today leaves very little room to realize this. Even though the World Health Organization insists on speaking of the biopsychosocial model proposed since the 1970s by George Engel (1977), this statement became, from very early on, an empty formula that is repeated without even an understanding of the complexities of the integration it states.

Furthermore, the ideals of neutrality and objectivity that characterize the modern Western scientific paradigm do not leave any room for the notion of subjectivity, and yet the subject never disappears from the scene.¹ That subject cannot be excluded, but scientific perspectives simply ignore it. How can we overcome this reductionism that has given rise to that highly limited view of science, which has been addressed from such different stances by such revealing works as those of Edgar Morin (1997), Jürgen Habermas (1981) or Jacques Derrida (1989)?

3 FIRST QUESTION: IS THIS A PROBLEM OF HEALTH SCIENCES ONLY?

However, I find that the reductionism we are talking about is not exclusive to the field of health sciences. Social sciences have not escaped that, as was made clear, for example, by the interesting discussion held by a renowned group of sociologists in mid-20th century (Adorno; Horkheimer, 1973) or when Schütz (2001) warned that the “objects” with which social scientists work are not only objects given to their observation and cannot be reduced to the homunculi they see from their cubicles. Rather, it is necessary to assume the subjective reality of those whom social scientists claim to represent through their constructions.

¹ Not only because it is the subject who gives meaning to each and every one of his or her perceptions, experiences and actions, but also because – as Schütz (2001) so carefully studied, while science has an “ideal objectivity,” the truth is that its postulates do not come from anywhere other than humans’ meaning-making activity sedimented over the centuries. With their selective and interpretive activity, these humans produce the theories that constitute scientific knowledge in both the natural and the social sciences.

As for the matter we are discussing here, the truth is that not even qualitative research has managed to remain safe from this reductionism. The authors shared, for example, the challenges they face in preventing critical qualitative research from falling prey to “inadequate methodological appropriation” by those who resort to mixed methods or to the more superficial qualitative versions that use it as a “toolbox” – that suggestive image coined by Eakin (2016). They even expressed concern about the threat of colonization that may come with the growing interest in mixed methods conducted from a positivist stance in the health field. However, similar concerns had been pointed out by Norman Denzin, who became an important reference in critical qualitative research in English for qualitative research conducted outside the field of health sciences. In 2010, he pointed out:²

With few exceptions, the mixed methods discourse has been shaped by a community of postpositivist scholars who have moved back and forth between quantitative and qualitative research frameworks. These scholars have found utility in ethnographic, interview, case study, narrative, and biographical methodologies. They have sought to bring or combine these methods, sometimes simultaneously, sometimes sequentially, in the same or a series of studies, inquiry often framed by the use of quantitative, experimental, or survey methods [...] Seldom have these scholars been trained in, or identified with, qualitative methodologies. Unlike the poaching of animals, there is nothing illegal about methodological poaching, but it does have some negative consequences (Denzin, 2010, p. 420).

Over the years, the tensions created by the growing presence of a reductionist perspective in the field of qualitative research led to the emergence of certain lines of rupture in the community of qualitative researchers who came to gather around this author, to give rise to what began to be called post-qualitative research (Latter, 2016; Adams St Pierre, 2021), with statements such as the following:

I believe that qualitative research is more vulnerable than ever now that its positivistic tendencies have been dismissed. More importantly, I suggest that we have already worked within/against this crumbling structure long enough. We could now, if we wish, abandon conventional humanistic qualitative research and its structuring concepts, and let it go. We can now do something different from the beginning (Adams St Pierre, 2021).

Based on my own experience in teaching qualitative research, I would say that as qualitative methods became more widely known, more disseminated and more popular, the difficulty in transmitting and cultivating critical qualitative research has increased, but not only in the field of health (Martínez, 2018). In the courses that I teach today, I do not find, as I used to decades ago, students enthusiastic about approaching with interest and openness a new, promising and challenging view. Rather, I find students completely pervaded by very distinct versions of what they learned about qualitative research, to which they have been exposed from a very early age in their training. Thus, at the beginning of each course, I must warn them about which qualitative research I am going to address and which meanings of this term I will leave out in my attempt to prevent its growing use in ways that, with undoubtedly crude formulation, I would call opportunistic. From my perspective, the versions of

² My own translation, as all quotes in this text.

that methodology that have proliferated as the field grew – more in extension than in depth – are those that incorporate it with the intention so well represented by the “toolbox.”

4 SECOND QUESTION: WHAT WILL BE THE CHALLENGE, THEN?

In the field of health sciences, it seems to me that we find ourselves facing at least two battle fronts derived from the pervasive influence of the dominant scientific view: the limitations of the biomedical view and the propensity to lean towards qualitative research with a positivistic stance. Therefore, this is about the gravitation of the positivist/post-positivist perspective that reigns over scientific research in virtually all branches of knowledge. Moreover, as Gastaldo and Eakin rightly point out, it is a combination of positivism and neoliberalism – the former, I would say, dominating thought and the latter prevailing in researchers’ actions. What I would like to emphasize is that this is something that affects not only biomedical research, but also a large part of qualitative research inside and outside the health field, as well as scientific research as a whole, in the various fields of disciplinary knowledge.

In the health field, some researchers resort to qualitative methods without taking into account the theoretical, methodological and axiological foundations that support this methodology. They often pursue quite utilitarian goals in search of routes towards manipulating the behavior of the “target populations” in order to lead their members towards experts’ designs without paying enough attention to the culture, circumstances and sensitivity of those who are the target of the interventions. This is based on the assumption that the valid knowledge that should be extended, for their good, to all people, is that put forward by health professionals, which should at least be questioned before being taken for granted (Martínez; Leal, 2000, 2000a; Chapela; Martínez; Peñaranda, 2022).

But conflicting views exist even among experts in the health field as well, as in any other. Let us take, for example, the distinct stances on abortion or what has been called “therapeutic obstinacy,” the discussions on assisted death, on certain cancer treatments, the management of diabetes mellitus with all its sequelae, health problems derived from labor activity, or especially everything that revolves around mental health and its disorders (Roudinesco, 2000; Martínez, 2024). Therefore, it is essential to problematize, from critical perspectives, the versions offered by science – natural, social or that generated by qualitative research – as unquestionable truths. Hence the fundamental importance of asking, as critical qualitative research does, from where, for what and for whom the inquiry is undertaken. This would be what I call, following the reflections of Guba and Lincoln (1994), the paradigmatic awareness of the researcher. Creating this awareness is, for me, one of the main challenges to be faced not only by qualitative researchers or those who work in health sciences but by the entire scientific community (Martínez, 2015).

5 SECOND COINCIDENCE: THE IMPRESSIVE VALUE OF A STRATEGY

Gastaldo and Eakin present us with the creative and effective strategy they devised to contend with the challenges they identify, by positioning critical qualitative research as a route leading to a scientific endeavor not only of unquestionable theoretical and methodological quality but also committed to the best values of science as a human enterprise that seeks better ways of thinking and acting.

This is a proposal that critical qualitative research is in an excellent position to fulfil with all its sufficiency. I can testify to that in the first person since, after my medical training, which was entirely governed by the epistemological perspective of positivism – without me or my colleagues having the slightest notion of what it was or what it meant – I found the most powerful supply of arguments in the field of qualitative research to debate the assumptions that govern conventional scientific work. Furthermore, in my current teaching work, I often experience the great pleasure of observing, especially with advanced graduate students, the expression of wonder that emerges when they understand the where, what, whom, and which of the implications and consequences of their work as scientists.

The authors chose to place themselves in a marginal space to carry out their work. That strategy seems to be as ingenious as it was significant, given the political understanding that, in power games, critical qualitative research would have to fight a battle both exhausting and fruitless if tried to change the positivist conviction that dominates the field of health sciences with almost blind certainty or at least with a strongly dogmatic tone. But also from the awareness that hegemonic stances, by their very nature, do not correspond to critical approaches. Using their work to show the “something more” that this methodology is able to reveal and explaining the solid theoretical bases of the “why” and the “how” of this possibility will undoubtedly earn them recognition and respect.

Competition for power and resources is not alien to dominant currents’ attempts to disqualify criticism. If by the nature of their stance, critical views are called on to challenge the status quo, it is not surprising that established interests do not willingly favor them. But if what is at stake is the creation of knowledge and the search for a better understanding of what happens in reality, the segment of the scientific community genuinely committed to this enterprise will have reasons to acknowledge the value of the contributions of critical qualitative research such as that practiced at the Centre for Critical Qualitative Health Research. But to do so, they will have to continue striving to show and explain it with the transparency, clarity and sufficiency of the article we address here.

Before concluding this point, we must mention the power with which the closing statement caught my attention: “*é duro ser mole*.” Read in Spanish and ignoring the Portuguese language, it resonated in my mind as “it’s hard to be soft” – a contrast of meanings that triggered my thinking in multiple directions. Evidently, it led me to reflect on the difficult task of solidly sustaining the critical qualitative perspective in the face of the supposed certainties of biomedical knowledge. But it also led me to consider the importance of situating oneself in the uncertainty of someone who

knows that they cannot grasp “the truth,” in the possibility of moving outside expert knowledge’s positions of power in order to open up to understand other knowledges, in the richness of letting oneself be (softly) pervaded by those other ways of perceiving, conceiving, ordering and relating to the world of those with whom we converse to learn from them – to mention just a few meanings within the endless array that this powerful conceptualization aroused in me.

6 THIRD QUESTION: WHERE DOES THE CRITICAL QUALITY OF RESEARCH LIE?

From my point of view, critical perspectives – which, as the authors explain, are better positioned in marginal places – are committed to marginal groups in society. But it seems to me that this is not limited to qualitative methodologies. “Measurement” can also help create knowledge about the deleterious effects that the world order as we know it today has on humans (Waitzkin *et al.*, 2001; Eisenberg, 2003). This can be seen by reviewing the work of those who operate from alternative epistemological perspectives in the field of critical social epidemiology (Ayres, 2005) or critical demography (Canales; Castillo, 2022).

At this point, I think it is important to say that after getting my medical training and before entering the field of qualitative research, I had the opportunity to study these approaches. They enabled me to use quantitative methodologies to deconstruct conventional epidemiological concepts such as those that tend to maintain that the profiles of damage to the health of human populations are the result of natural and necessary processes. Under critical perspectives, on the other hand, we study how social structures and the complex dynamics that develop there are the scenario in which the processes that give rise to the health problems we observe are configured (Martínez; Leal, 2003).

When quantification is undertaken from epistemological perspectives other than the positivist one, the very idea of “hard data” is called into question, since the claim that they reflect “transparent truths immediately captured” by measurements is no longer valid. The identity between facts of reality and the data with which we try to approach them is called into question. The definitions derived from one’s view of the aspects of reality that are measured, the way in which their relationships are put forward, the procedures used for measurement and the parameters offered to judge the meaning of the data obtained all are problematized. There is nothing unquestionable, obvious or transparent in what is considered, from another perspective, “hard data”. Every measurement is made by someone, for some reason and from a certain perspective and position.

As Denzin stated, with his proverbial and provocative eloquence:³

Poststructuralism took away positivism’s claim to a God’s eye view of the world, that view which said objective observers could turn the world and its happenings into things that could be turned into data [...] The argument

3 Referring to the works of Laurel Richardson and Elizabeth Adams St Pierre – quotes that I omit when citing them textually, leaving only a few ellipses in their place.

was straight forward, things, words, “become data only when theory acknowledges them as data” [...]. In a single gesture, doubt replaces certainty, no theory, method, discourse, genre, or tradition has “a universal and general claim as the “right” or privileged form of authoritative knowledge” [...]. Indeed all claims to universal truth “mask particular interests in local, cultural, and political struggles” (Denzin, 2013).

Therefore, I would argue that the large difference separating the possibilities of integrating critical qualitative research with critical social epidemiology and the combined use of quantitative and qualitative methods by the so-called mixed methods is the epistemological stance from which both exercises are undertaken.⁴ Furthermore, the contrast between the power of critical qualitative research versus the limited view of the positivist biomedical approach lies basically in the epistemological perspective that guides the researcher’s work.

As I see it, the big and radical difference in perspectives is not at the level of methodologies – those that seek to further expand the understanding of experience versus those that try to measure what happens – but rather at the level of epistemologies from which each type of methodology is designed and executed.

Therefore, I would dare to propose that just as critical qualitative research can be done in health sciences as opposed to superficial and “uncritical” research – or “bare bones,” as well described by Mykhalovskiy *et al.* (2018) – it can also be done in the portion of the field of health sciences where quantitative procedures are used to work from critical perspectives, without naturalizing the health damage profiles that we observe, but rather raising questions about how what happens in the world affects the health of those who live in it (Martínez, 2022). I therefore postulate that both qualitative and quantitative methodologies can be ruled by positivist or critical perspectives. Furthermore, it seems to me that it is also the epistemological dimension that determines the diversity of stances guiding the convictions and practices we find within each discipline: Medicine, but also Psychology, Sociology, Anthropology (Martínez, 2020, 2021).

The tension between the biomedical view and critical qualitative research reflected in the article we are addressing might be similar to that between conventional epidemiology and critical social epidemiology. That battle is not resolved at the level of methodology but rather at that of the epistemological stances from which its unfolding gains meaning, which is related to how the world is read and what happens in it. In the field of health sciences, at least among the Latin American scholars I keep in contact with, the battle in which we find ourselves involved is, both in the qualitative and quantitative aspects of work, the epistemological one.

7 THIRD COINCIDENCE: FOR A SCIENCE WORTH OF OUR TIME

Another important point discussed by the authors and the last one I will refer to in this communication is the scientific nature of qualitative research. This debate is far

⁴ As I worked on it for another contribution prepared for a book conceived and edited by an esteemed Colombian colleague who is a public health expert (Martínez, 2020; Molina, 2020).

from being settled. But Gastaldo and Eakin’s view is clear: they firmly and convincingly sustain the scientific quality of critical qualitative research. So much so that towards the end of the first section they introduce the concept of “critical qualitative science,” with which they work from that point on. One of the characteristics of their work, they point out, is not giving up on the scientific status of qualitative research or on claiming it “as a scientific form of knowledge production.”

This statement reminded me of certain reflections by Patti Latter that I find very moving:

This calls for a science more attuned to innovation than “the epistemological quarrel over the conditions of scientificity” [...] and a critique more attuned to the weight of the material in our knowing. What becomes thinkable is a science that grows out of practical engagement with the world within a different ontology of knowing: This might be the beginnings of not only (post) qualitative research but a science worthy of the world. (Latter, 2016).

It seems to me that the allusions to the scientific illiteracy of many researchers in the field of health sciences and the need to work for a more “literate” scientific community point in the same direction of defending scientificity. That makes me point out once again that not only is this phenomenon faced in the health sciences but something very similar also occurred in the field of qualitative research. One of the reflections is present in Adams St Pierre’s criticism of many colleagues’ lack of interest in delving into the theoretical dimensions that underpin their work:

I am as tired of defending an overdetermined qualitative research that I find increasingly limited, as I am of this always failed romance in which one tries to ‘speak across differences’ [...] with people who have not kept up to date; [...] who apparently, for more than half a century, have not read and/or have not engaged with [the various turns that epistemological reflection has gone through]. [...] With Spivak (1993), I cannot see why ‘people who do not have time to learn should organize the construction of the rest of the world’ (p. 187). (Adams St Pierre, 2021).

I strongly share with the Canadian authors a desire to work for a science that, instead of degrading itself in submission to scientism and the demands of almost robotic mass productivity, can grow to be, as the American authors point out, worth of the complex and pressing needs of our time.

8 EPILOGUE

I want to close my participation in this conversation by celebrating the existence of this document, so inspiring for all of us who feel committed to critical qualitative research. Furthermore, here is a summary of what resulted in the main question raised by this reading: the concern in the face of what would seem to be close to identification of the natural and health sciences with quantitative methodologies and positivism, on the one hand, and of the social sciences with qualitative methodologies and critical stances, on the other. From my point of view, the great contrast would be established by the epistemological stances, but not necessarily by the methodologies, and not even by the disciplinary fields within which it seems to me that exercises governed by different epistemological stances can be produced. For example, the development of

critical approaches in the field of health sciences is not always encouraged and not by all social sciences.⁵ I find it more convincing, however, to understand the contrasts of stances of positivist approaches versus theoretical-critical ones, whether in health sciences, qualitative research or scientific research in general. Seen in this way, the encounter between health sciences and qualitative research – both thought of from a critical perspective – would be perfectly possible as well as very enriching.

That said, I believe that learning critical qualitative research such as that cultivated at the Centre for Critical Qualitative Health Research is a promising gateway to the exciting world of knowledge creation, but above all, of awareness of the foundations of these alternative ways of understanding the world and our relationship with it and with our fellow human beings, in order to create, through our scientific activity, knowledge that allows us to build paths towards better directions (Martínez, 2017). By this route, scientific work can cease to be the repetition of the trite and often unreflective exercise of the so-called scientific method. It can become a creative activity of thought and discovery, even if it also becomes more distressing, to the extent that it increases awareness of the uncertainty in which we move and of the enormous responsibility that comes with issuing any version that bears the powerful label conferred by the status of “scientific knowledge.”

REFERENCIAS

ADAMS ST.PIERRE, Elizabeth. Why post qualitative inquiry? **Qualitative Inquiry**, v. 27 n. 2, 163-166, 2021. DOI: <https://doi.org/10.1177/1077800420931142>

ADORNO, Theodor; HORKHEIMER, Max. Sociología e investigación social empírica. In: ADORNO, Theodor *et al.* **La disputa del positivismo en la sociología alemana**. Barcelona, Grijalbo, 1973. p. 11-80.

AYRES, José. **Acerca del riesgo**. Para comprender la epidemiología. Buenos Aires: Lugar Editorial, 2005.

CANALES, Alejandro; CASTILLO, Dídimo. **Contra la desigualdad**. Contribuciones para un discurso de emancipación social. Coyoacán: Ediciones Akal México, 2022.

CHAPELA, Maria Consuelo (ed.). **Formación en investigación cualitativa crítica en el campo de la salud**: abriendo caminos en Latinoamérica. Xochimilco, México: Universidad Autónoma Metropolitana, 2018. (Serie Académicos, 135).

CHAPELA-MENDOZA, Maria Consuelo; MARTÍNEZ-SALGADO, Carolina; PEÑARANDA-CORREA, Fernando. ¿Por qué necesitamos investigación cualitativa en el campo de las ciencias de la salud? Enseñanzas de la pandemia 2020-202. **Hacia la Promoción de la Salud**, v. 40 n. 2, p. 1-2, 2022. DOI: <https://doi.org/10.17533/udea.rfnsp.e349880>

CÓRDOVA, Alejandro; LEAL, Gustavo; MARTÍNEZ, Carolina. **Condiciones de vida y mortalidad**. Reflexiones en torno a su relación. Reporte de investigación 58, División de Ciencias Biológicas y de la Salud, UAM-X, 1989.

DENZIN, Norman. The death of data? **Cultural Studies Critical Methodologies**, v. 13, n. 4, p. 353-356, 2013. DOI: <https://doi.org/10.1177/1532708613487882>

⁵ Consider, for example, the counterproductive effects of the arrival of health economics on this field.

DENZIN, Norman. Moments, mixed methods, and paradigm dialogs. **Qualitative Inquiry**, v. 16, n. 6, p. 419-427, 2010. DOI: <https://doi.org/10.1177/1077800410364608>

DERRIDA, Jacques. La estructura, el signo y el juego en el discurso de las ciencias humanas. In: DERRIDA, Jacques (ed.) **La escritura y la diferencia**. Barcelona: Anthropos, 1989. p. 383 – 401.

EAKIN, Joan. Educating critical qualitative health researchers in the land of the randomized controlled trial. **Qualitative Inquiry**, v. 22, n. 2, p. 107-118, 2016. DOI: <https://doi.org/10.1177/1077800415617207>

ENGEL, George. The need for a new medical model: a challenge for biomedicine. **Science**, v. 196, n. 4286, p. 129-136, 1977. DOI: <https://doi.org/10.1126/science.847460>

EISENBERG, Leon. The social roots of human disease: the origins of health disparities by race and class. **Salud Mental**, v. 26, n. 6, p. 1-7, 2003. Available at: https://revistasaludmental.gob.mx/index.php/salud_mental/article/view/972/970. Accessed on: Jan. 15, 2025.

GUBA, Egon; LINCOLN, Yvonna. Competing paradigms in qualitative research. In: DENZIN, Norman; LINCOLN, Yvonna. **Handbook of Qualitative Research**. Thousand Oaks: Sage Publications, 1994.

HABERMAS, Jürgen. **Conocimiento e interés**. Madrid, Taurus, 1981 [1968].

LATTER, Patti. Top Ten+ list: (Re)thinking ontology in (post) qualitative research. **Cultural Studies Critical Methodologies**, v. 16, n. 2, p. 125-131, 2016. DOI: <https://doi.org/10.1177/1532708616634734>

MARTÍNEZ-SALGADO, Carolina. El lugar del sujeto en el campo de la salud: enseñanzas de la investigación cualitativa. **Ciência & Saúde Coletiva**, v. 19, n. 4, p. 1095-1102, 2014. DOI: <https://doi.org/10.1590/1413-81232014194.14482013>

MARTÍNEZ-SALGADO, Carolina. El compromiso interpretativo: un aspecto ineludible en la investigación cualitativa. **Revista Facultad Nacional de Salud Pública**, v. 33, n. 1, p. S58-S66, 2015. DOI: <https://doi.org/10.17533/udea.rfnsp.v33s1a10>

MARTÍNEZ-SALGADO, Carolina. Editorial. ¿Podríamos atrevernos a desear un mundo mejor y a trabajar en su construcción? **Hacia la promoción de la Salud**, v. 22, n. 2, p. 9-10, 2017. DOI: <https://doi.org/10.17151/hpsal.2017.22.2.1>

MARTÍNEZ-SALGADO, Carolina. Hacia la construcción de lugares más propicios para la formación de investigadores cualitativos críticos. In: CHAPELA, María Consuelo (ed.). **Formación en investigación cualitativa crítica en el campo de la salud: abriendo caminos en Latinoamérica**. Xochimilco, México: Universidad Autónoma Metropolitana, 2018. p. 21-50. (Serie Académicos, 135).

MARTÍNEZ-SALGADO, Carolina. Epidemiología e investigación cualitativa. ¿Es posible integrarlas? In: MOLINA Gloria (editora académica). **Integración de métodos de investigación**. Estrategias metodológicas y experiencias en Salud Pública. Medellín: Universidad de Antioquia, 2020. cap. 2, p. 44-73.

MARTÍNEZ-SALGADO, Carolina. Amostra e transferibilidade: como escolher os participantes em pesquisas qualitativas em saúde? In: BOSI, Maria Lúcia; GASTALDO, Denise (org.). **Tópicos avançados em pesquisa qualitativa em saúde: fundamentos teórico-metodológicos**. Petrópolis: Vozes, 2021. p. 170-201.

MARTÍNEZ-SALGADO, Carolina. De qué nos habla el perfil de daños a la salud de la población mexicana. *In*: CHAPELA, Maria Consuelo; CONTRERAS, Maria Elena (coord.). **¿Para qué y para quién las Ciencias Biológicas y de la Salud?** México, UAM-X, 2022. p. 273-286.

MARTÍNEZ-SALGADO, Carolina. La construcción de la salud mental y el cuidado de sus padecimientos. Asomando a sus desafíos en un área del sur de la Ciudad de México en condiciones de pobreza. *In*: COVARRUBIAS, Esmeralda; REYES, Ana Carla (coord.). **Transgrediendo fronteras disciplinarias**. Práctica, formación e investigación en salud. México, UAM-X, 2024. p. 77-102.

MARTÍNEZ-SALGADO, Carolina; LEAL, Gustavo. Cuando nos hablan de salud ¿podemos confiar en los expertos? **El Cotidiano**, v. 17, n. 103, p. 73-81, 2000. Available at: <https://www.redalyc.org/pdf/325/32510307.pdf>. Accessed on: Jan. 15, 2025.

MARTÍNEZ-SALGADO, Carolina; LEAL, Gustavo. Demografía y epidemiología. Importancia estratégico-política de los indicadores. **El Cotidiano**, v. 16, n. 101, p. 103-112, 2000a. Available at: <https://www.redalyc.org/pdf/325/32510110.pdf>. Accessed on: Jan. 15, 2025.

MARTÍNEZ-SALGADO, Carolina; LEAL, Gustavo. Epidemiological transition: model or illusion? A look at the problem of health in Mexico. **Social Science & Medicine**, v. 57, n. 3, p. 539-550, 2003. DOI: [https://doi.org/10.1016/S0277-9536\(02\)00379-9](https://doi.org/10.1016/S0277-9536(02)00379-9)

MOLINA, Gloria (editora académica). **Integración de métodos de investigación**. Estrategias metodológicas y experiencias en Salud Pública. Medellín: Universidad de Antioquia, 2020. cap. 2, p. 44-73.

MORIN, Edgar. **Introducción al pensamiento complejo**. Barcelona: Gedisa. 1997 [1990].

MYKHALOVSKIY, Eric *et al.* Beyond bare bones: critical, theoretically engaged qualitative research in public health. **Canadian Journal of Public Health**, v. 109, n. 5-6, p. 613-621, 2018. DOI: <https://doi.org/10.17269/s41997-018-0154-2>

ROUDINESCO, Elizabeth. Los medicamentos del espíritu. *In*: ROUDINESCO, Elizabeth. **¿Por qué el psicoanálisis?** Madrid: Cátedra, 2000. cap. 3, p. 21-28.

SCHÜTZ, Alfred. **El problema de la realidad social**. Buenos Aires: Amorrortu. 2001 [1962].

WAITZKIN, Howard *et al.* Social medicine then and now: lessons from Latin America. **American Journal of Public Health**, v. 9, n. 10, p. 1592-1601, 2001. DOI: <https://doi.org/10.2105/AJPH.91.10.1592>

Resumo: Este documento apresenta um conjunto de reflexões originadas da leitura de *Praticando “ciências moles”* no campo da saúde, de Denise Gastaldo e Joan Eakin. A intenção é dialogar sobre as questões importantes abordadas no texto. O debate gira em torno das limitações da visão científica quando a perspectiva se restringe a uma concepção dogmática. Aponta-se que o problema não se resume ao campo das ciências da saúde, afetando também as ciências sociais e se estendendo inclusive ao campo da pesquisa qualitativa, o que degrada e obscurece a força de sua perspectiva. As considerações levantadas apontam para a importância fundamental de se avançar na construção de uma visão científica à altura dos desafios do nosso tempo e no reconhecimento do valor da estratégia criativa concebida pelas autoras para trabalhar em prol desse objetivo.

Palavras-chave: Ciências da saúde, Pesquisa qualitativa, Ciências moles, Epistemologia

Resumen: En este documento se presenta un conjunto de reflexiones originadas en la lectura de *Praticando “ciencias moles”* no campo da saúde de Denise Gastaldo y Joan Eakin. La intención es entablar un diálogo sobre los trascendentes asuntos que ahí se abordan. El debate gira en torno a las limitaciones de la visión científica cuando la perspectiva se cierra a una concepción dogmática, se señala que el problema no se circunscribe al campo de las ciencias de la salud sino que afecta también a las ciencias sociales y se expande, incluso, hasta el terreno de la investigación cualitativa, lo que degrada y opaca la potencia de su mirada. Las consideraciones planteadas apuntan a la importancia crucial de avanzar hacia la construcción de una visión científica a la altura de los desafíos de nuestro tiempo, y al reconocimiento del valor de la creativa estrategia ideada por las autoras para trabajar por ello.

Palabras clave: Ciencias de la salud; Investigación cualitativa; Ciencias blandas; Epistemología

USE LICENSE

This article is published as Open Access under the Creative Commons Attribution 4.0 International (CC BY 4.0) license, which allows its use, distribution and reproduction in any medium as long as the original work is properly cited. More information at: <https://creativecommons.org/licenses/by/4.0>.

CONFLICT OF INTERESTS

The author declares that this work involves no conflict of interest.

AUTHOR CONTRIBUTIONS

Carolina Martínez-Salgado: Responsible for all stages of writing the text.

FUNDING

This study was not supported by funding sources.

HOW TO CITE

MARTÍNEZ-SALGADO, Carolina. Reflections on the power of “soft sciences” in health sciences. **Movimento**, v. 31, p. e31002, Jan./Dec. 2025. DOI: <https://doi.org/10.22456/1982-8918.145650>

EDITORIAL RESPONSIBILITY

 Alex Branco Fraga*

 Elisandro Schultz Wittizorecki*

 Mauro Myskiw*

 Raquel da Silveira*

* Universidade Federal do Rio Grande do Sul, Escola de Educação Física, Fisioterapia e Dança, Porto Alegre, RS, Brazil.