

**URGENT RUPTURES IN THE SILENCE OF DISSIDENT BODIES IN THE
MEDICAL TRAINING OF THE UACV/CFP/UFCG**

***RUPTURAS GRITANTES URGENTES NO SILENCIAMENTO DE CORPOS
DISSIDENTES NA FORMAÇÃO MÉDICA DA UACV/CFP/UFCG***

***URGENTES RUPTURAS GRITANTES EN EL SILENCIO DE LOS CUERPOS
DISIDENTES EN LA FORMACIÓN MÉDICA DE LA UACV/CFP/UFCG***



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ABSTRACT: Questions posed in official documents that guide medical training are included in critical curriculum theorizations, but the curriculum is not a neutral artifact with disinterested transmission. Therefore, the objective of the present study is to analyze how the issues of dissent from bodies are triggered in the Pedagogical Project of the Medical Course at the Federal University of Campina Grande, through a methodology supported by post-critical assumptions of study in education. It was found that the construction of the PPC took place in an arbitrary and interested manner, guided by DCN that do not embrace the concepts of body, sexuality and health in diversity. Reflecting on the body, in all its dimensions, and its correlation with health and teaching practices, is essential to (re)think academic training, health care and, consequently, the construction of knowledge in a logic of justice social and human rights.

KEYWORDS: Curriculum. Medical training. Gender. Sexuality. LGBTQIA+.

RESUMO: *As questões colocadas nos documentos oficiais que norteiam a formação médica estão inseridas nas teorizações críticas de currículo, mas o currículo não é um artefato neutro e de transmissão desinteressada. Portanto, o objetivo do presente estudo é analisar como as questões de dissidências de corpos são acionadas no Projeto Pedagógico do Curso de Medicina da Universidade Federal de Campina Grande, através de metodologia amparada nos pressupostos pós-críticos de estudo em educação. Foi constatado que a construção do PPC se deu de forma arbitrária e interessada, se orientando por DCN que não acolhem os conceitos de corpo, sexualidade e saúde na diversidade. Refletir sobre o corpo, em todas as suas dimensões, e sua correlação com as práticas de saúde e de ensino, é fundamental para se (re)pensar a formação acadêmica, cuidado em saúde e, conseqüentemente, a construção de conhecimentos numa lógica de justiça social e dos direitos humanos.*

PALAVRAS-CHAVE: Currículo. Formação médica. Gênero. Sexualidade. LGBTQIA+.

RESUMEN: *Las preguntas planteadas en documentos oficiales que orientan la formación médica se incluyen en teorizaciones críticas del currículo, pero el currículo no es un artefacto neutral con transmisión desinteresada. Por lo tanto, el objetivo de este estudio es analizar cómo las cuestiones del disenso de los cuerpos se desencadenan en el Proyecto Pedagógico de la Carrera de Medicina de la Universidad Federal de Campina Grande, a través de una metodología sustentada en supuestos poscríticos de estudio en educación. Se constató que la construcción del PPC se dio de manera arbitraria e interesada, guiada por DCN que no abrazan los conceptos de cuerpo, sexualidad y salud en la diversidad. Reflexionar sobre el cuerpo, en todas sus dimensiones, y su correlación con la salud y las prácticas docentes, es fundamental para (re)pensar la formación académica, el cuidado de la salud y, conseqüentemente, la construcción del conocimiento en una lógica de justicia social y derechos humanos.*

PALABRAS CLAVE: Plan de estudios. Entrenamiento médico. Género. Sexualidad. LGBTQIA+.

Introduction

This work brings reflections on the urgency to break, through screams, the silencing of dissident bodies during the training of medical students at the Academic Unit of Life Sciences (UACV) of the Teacher Training Center (CFP) campus of the University Federal de Campina Grande (UFCG). We were initially inspired by the song by Violeta Parra (1962) “Volver a los diecisiete”, which invites you to go back in time and get in touch with the power to explore, allow yourself to discover, territorialize, worry, transgress and leave territories without fear, without attachment, create, design, expand and, thus, as a child does, even allowing himself to make mistakes.

It is also a song that speaks of love in its disquieting potency “El amor es torbellino de pureza original [...] El amor con sus esmeros al viejo lo vuelve niño [...]” (PARRA, 1962, n.p., our translation). Everything transforms the moment, like a magician who is permissive and, at the same time, imposing: this is life and the experience of the livable. Love is the chaos, the turmoil, the disorder that makes the creation of the new possible: accomplishments that are not recognized, not valued, not tolerated by royal science, by the way of knowing this science, whose values are exponentially contrary to the values of the “science” of the love. And to create and maintain a crack in that science that belongs to a dangerous conservatism, we paved the way with this screaming song.

The scream, from Deleuze's perspective (1994), is moved by affection and, therefore, screams are endowed with the power to create. The scream, then, symbolizes the powerful song and, in this sense, Violeta Parra is a screaming artist (TÓRTORA; LIMA; SILVA, 2018), a symbol of resistance, of struggle, capable of making possible – through her lyrics and her voice – a line of escape and a battle front against the totalitarian reality in which he lived. We bring as inspiration this Latin American power to decolonize perceptions and visions of bodies, through cries that we intend to engrave in this text.

For Goellner (2013), thinking of the body as something produced in and by culture is both a challenge and a necessity. The challenge is because it breaks with the biological gaze - that of the body seen as loose parts, molecular structures, genetics, tissues, systems, its functioning (physiology), its “defects”, its pathology, the body classified, treated. It is a necessity, because this rupture of perspective is essential for the body to reveal itself as historical, that is, it is “[...] mutant, susceptible to numerous interventions depending on the scientific and technological development of each culture as well as its laws, moral codes, representations about the bodies and discourses that it produces and reproduces” (GOELLNER,

2013, p. 34, our translation). We take the idea of discourse from Foucault (2017) for whom discourses do not only refer to language, but also to practices – discursive practices. For Foucault (2020), about bodies that have dissident sexuality, discursive practices were elaborated in order to define explanations and places for them in the context of Western society:

The discursive practices are characterized by the selection of a field of projects, by the definition of a legitimate perspective for the subject of recognition, by the establishment of norms for the elaboration of concepts and theories. Each of them, then, presupposes a set of prescriptions that determine exclusions and theories (FOUCAULT, 2020, p. 18, our translation).

These discursive practices are interdisciplinary and elaborated in “technical sets, in institutions, in behavior schemes, in types of transmission and diffusion, in pedagogical forms, which at the same time impose and maintain them” (FOUCAULT, 2020, p. 19, our translation). Sexuality has always been and still is subjected to a discursive technology in which treatment practices were proposed, as if it were a pathology. As examples of this statement, the World Health Organization (WHO), on May 17, 1990, removed the term homosexuality and adopted the term homosexuality, starting to consider this as a sexual orientation and not as a pathology; the Federal Council of Psychology (CFP), only in 1999, decided not to propose any more healing methods³; and transsexuality – which was maintained as a mental disorder for 28 years through the International Classification of Diseases (ICD), is currently in the category of disorders of sexual identity (gender incongruence)⁴. It is noticed that, in the case of transsexuality, there was a migration of category, but it is still inscribed as a disease and thus a specific multidisciplinary treatment is offered in the SUS for these “patients”. This articulation brings to the surface that there is a power that dresses up as a “doctor” and that acts on the body.

Devices and technologies are “created” to regulate bodies and only from these it becomes possible to discuss which individuals are normal, abnormal, complete or incomplete. Foucault defines device as “strategies of power relations sustaining types of knowledge and being supported by it” through discursive and non-discursive elements and with a function of domination (FOUCAULT, 2017, p. 246, our translation). Based on the “device of sexuality”, biomedical knowledge “convents” the “appropriate” size of the penis and clitoris, the amount of testosterone a “woman” should “naturally” have in her body, what “normal” appearance of

³ Available at: <https://site.cfp.org.br/resolucao-01-99/historico/>. Access: 10 Dec. 2022.

⁴ Available at: https://www.medicinanet.com.br/cid10/1554/f64_transtornos_da_identidade_sexual.htm#:~:text=CID%2010%20F64%20Transtornos%20da%20identidade%20sexual%20%E2%80%93%20Doen%C3%A7as%20CID%2D10. Access: 10 Dec. 2022.

the male/female genitalia, etc., and then decides which bodies should be (un)(re)made (MÉLLO *et al.*, 2009).

Bodies that are born with ambiguous or intersex genitalia are destined to (dis)accept the medical knowledge legislated by the CFM through CFM Resolution No. 1.664/2003 which "defines the technical standards necessary for the treatment of patients with anomalies of sexual differentiation. These bodies slide into representations of what is considered truly human, placing them in the interstices between what is normal and what is pathological. This "non-humanity" or "abnormality" will justify medical interventions, with the aim of adapting it to the ideal of sexual dimorphism (PINO, 2007).

The articulation between the judiciary and medicine manifests the action of power relations that establish behaviors, discipline bodies and shape subjectivities. The diagnosis of intersexuality is given after clinical-surgical, anatomical, genetic, endocrinological and imaging evaluations. It is up to medical knowledge the role no longer of recognizing the presence of the two sexes together or finding one of the two that prevails, but of deciphering the "true sex" that is hidden in different aspects and appearances.

Health reception spaces are often spaces where dissident corporeality, gender and sexualities are not welcomed, where prejudice and the unpreparedness of professionals make them unable to meet the real needs of these subjects (FERNANDES; SOLER; LEITE, 2018; SAADEH *et al.*, 2018; LONGHI, 2018). Lesbian women have different demands from gay men, and both from transvestites and transgender women/men (CARDOSO; FERRO, 2012) and, all of these when they have other markers, such as People with Disabilities (PCD) (MAIA, 2006).

The questioning of the ontology of the human is worked by Haraway (2009), through the figure of the cyborg. The author emphasizes the possibility of the existence of a new place for the subject that is multiple, characterized by intensities. The figure of the cyborg is not just the representation of something that is half machine and half human, but it is the translation of the interweaving between what man produces and what the machine produces within the human. It helps us to problematize who does, who is done and who is undone. Ambiguous bodies are undone in the flesh by means of medical devices. In terms of gender and sex, the cyborg opposes the metric sewing of bodies promoted by medicine. It helps us to put aside the question about where the masculine begins and where the feminine begins, and makes us reflect on the practices of ambiguity extinction.

This tense, intense, dense scenario of violence against LGBTQIA+ is also characterized in the health system. Prejudice in health establishments and the unpreparedness of professionals

make health promotion spaces incapable of meeting the real needs of the LGBTQIA+ community (FERNANDES; SOLER; LEITE, 2018; SAADEH *et al.*, 2018; GIANNA; MARTINS; SHIMMA, 2018; CALAZANS *et al.*, 2018; LONGHI, 2018), representing a barrier for this population to access health services and comprehensive care (CARDOSO; FERRO, 2012; GIANNA; MARTINS; SHIMMA, 2018; CALAZANS *et al.*, 2018; LONGHI, 2018).

There is a difficulty in accepting the health demands of the LGBTQIA+ segment, understanding this group as diverse in itself, so that each specificity is met. Lesbian women have different demands from gay men, and both from transvestites and transgender women/men (CARDOSO; FERRO, 2012). According to the authors, the health demands of lesbians are related to breast and cervical cancer, which are aggravated due to the low use of health services by these women.

We consider it important to emphasize that the SUS, which has, among its principles, equity, made populations historically marked by social inequalities invisible, since such populations only began to be contemplated by public policies that "meet" their needs, from 2007 onwards. – almost two decades after they were marked by struggles and social tensions of these so-called social minorities. This is exemplified by citing the National Policy for Health Care for Indigenous Peoples (PNASPI, 2002); the National Policy for Comprehensive Health of the Black Population (PNSIPN, 2007); the National Policy for the Comprehensive Health of Rural and Forest Populations (PNSIPCF, 2008) and the National Policy for the Comprehensive Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (PNSI "LGBT", 2011).

In order to guarantee trained health professionals, with a broad understanding of the specific health demands of the LGBTQIA+ population, we find in scientific works the consensus that there is a need to include in the training of medical professionals' aspects that are not merely biological about human sexuality and care. in health with sexual minorities, whether still in graduation or in the professional path in health services (SENA; SOUTO, 2017; CALAZANS *et al.*, 2018; RUFINO; MADEIRO, 2017; NEGREIROS *et al.*, 2019). Furthermore, the recognition of the diversity of livable lives is reflected in the National Curriculum Guidelines (DCN) for the 2014 Medicine course and must be reflected, accordingly, in the official documents of the medicine courses – such as the Course Pedagogical Project (PPC), in theoretical and practical disciplines during all periods of the medical course, including internship (BOLONHA *et al.*, 2022).

The questions posed in the official documents that guide medical training are included in critical curriculum theories, but the curriculum is not a neutral artifact of disinterested transmission, on the contrary, it emphasizes power relations and prioritizes some knowledge over others.

In this context, the objective of the present study is to analyze how the issues of dissidence of body, gender and sexuality constitute the Pedagogical Project of the Course (PPC) of Medicine of the Academic Unit of Life Sciences of the Federal University of Campina Grande, campus of Cajazeiras, PB (UACV/CFP/UFCG).

Methodological path

Our methodology is supported by the post-critical assumptions of studies in education. In their epistemological field, they seek, through their paradigms, to study the subjects and their forms of subjectivations in the process of power relations that they circumscribe, that is, they are characterized by the questionings made to knowledge (and its effects of truth and power); to the subject (and to the different modes and processes of subjectivation); and educational texts (and the different practices they produce and institute) (PARAÍSO, 2005).

From a poetic license, we can take the theories and methodologies of post-critical research in education as a great river, whose vast current of languages receives tributaries (influences) from the so-called "philosophy of difference", from post-structuralism, from post-modernism, *queer* theory, feminist and gender studies, transfeminist studies, multiculturalist, post-colonialist, ethnic, ecological, critical research. "Their productions and inventions have thought about educational practices, curricula and pedagogies that point to openness, transgression, subversion, the multiplication of meanings and difference" (PARAÍSO, 2004, p. 284, our translation).

In the Brazilian educational scenario, post-critical research gains expressiveness, especially in the rupture of paradigms. "Their productions and inventions have thought about educational practices, curricula and pedagogies that point to openness, transgression, subversion, the multiplication of meanings and difference" (PARAÍSO, 2005, p. 284-285, our translation). The choice of methodology should talk to the object under study, in such a way that the theoretical tools show and establish relationships and functioning with each other. Paraíso (2014, p. 38, our translation) highlights that the choice of such tools "help to ask questions, to interrogate our material, to multiply meanings and to show the contingencies of

events and the proliferation of difference”. In post-critical research, it is believed that “the methodology must be constructed in the investigation process according to the needs posed by the research object and the questions asked” (MEYER, 2014, p. 17, our translation).

In this sense, the present study intends to understand, analyze and evaluate subjective questions about themes such as curriculum, body, gender, sexuality, and, for that, we are inspired by the approach of post-critical research. Post-structuralism brings an assumption that truth is an invention, a creation of reason, and not a discovery. The truth is that there is no such thing as *truth*, but *regimes of truth*, that is, discourses that society elects as true, and for Foucault, “the truth is circularly linked to systems of power, which produce and support, and to effects of power that truth induces and that reproduce it” (FOUCAULT, 2017, p. 54, our translation). The author notes that:

[...] truth is centered on the form of scientific discourse and the institutions that produce it; it is subject to constant economic and political incitement; it is the object, in various ways, of immense diffusion and immense consumption (it circulates in educational or information apparatuses); it is produced and transmitted under the control, not exclusive, but dominant, of some great political or economic apparatus (university, army, writing, means of communication); finally, it is the object of political debate and social confrontation (the 'ideological' struggles) (FOUCAULT, 1996, p. 53, our translation).

That is, the speeches are oriented, have target(s), have clear objectives, are productive. Foucauldian theorizations show that all discourses are part of a struggle or dispute to build their own versions of truth and, furthermore, that discourses produce practices that, when articulated with knowledge-power, signal discussions about history, language and the philosophy of the subject. This is only possible considering that power “[...] if only exercised in a negative way, it would be very fragile. If it is strong, it is because it produces positive effects [...] in terms of knowledge” (FOUCAULT, 2019, p. 148, our translation).

According to a description prepared by Fisher (2012, p. 77, our translation) about discourse analysis from Foucault's perspective, an utterance has four basic elements: 1- “A referent. The reference to something we identify” [In the case of this study, medical training]. 2 – A subject. “The fact of having a subject, someone who can effectively state what (what we identified)” [In this study, the elaboration of the DCN and PPC]. 3 – “An associated field. The fact that the utterance does not exist in isolation, but always in association and correlation with other utterances of the same discourse” [In this study, the educational medical discourse]. 4 –

“a materiality of the utterance, the concrete ways in which it appears in texts” [In this study, the texts/documents of the DCN and PPC].

In this way, we propose an exhaustive and intense reading of the main documents that make up the trajectory of the elaboration of the PPC of the CFP/UFCG undergraduate medical course and the PPC itself, working with a single discursive formation - the regimental texts, having as a focus the emblematic points that we proposed to look into. The analysis categories were as follows: “body”, “sexuality”, “health”, “SUS”.

Results and discussion

The analysis was carried out in the PPC of the UACV/UFCG medical course and, from this, it was verified that the construction of the document took place in an arbitrary and interested way, guided by DCN, which do not embrace the concepts of body, sexuality and health in diversity - one of the reasons why these were reformulated in 2014. In line with the DCN of 2001 (BRASIL, 2001), in the PPC analyzed there is no mention of the biological, subjective, ethnic-racial diversity of gender or sexual orientation. We understand that the absence of these terms in the DCN (BRASIL, 2001) strengthens discourses that structure the PPC analyzed and whose base is formed by hegemonic masculinities, which make clear the gendered and heteronormative potential of the behaviors presented.

What is proposed in the PPC is implemented in the curricular matrix and the disciplines are aligned with the teaching proposals in health, although with a strong preponderance of disciplines with a biologist focus, prioritizing some knowledge in relation to others, with a predominance of contents with the naturalization of discourses about anatomical and physiological bodies, and genders associated with males and females, as well as a marked concern with the universalization of quality health to all, as being the responsibility of these future health professionals.

We argue, in this sense, that there are multiple discursive formations – from official norms and guidelines, scientific, biological/biomedical, social, pedagogical that come into dispute in the curricular composition and that trigger knowledge about body, gender and sexuality in medical education, producing certain truths and certain subjects.

Representations of bodies

A body as a structure, without identity, appears in the syllabi of disciplines, endowed with a biologist vision, marked by morpho-functional regulations of the human body. This body as a structure is shared with students during the beginning of the course, through cadavers, histological slides, molecular descriptions in biochemistry and biophysics. Clearly, it is not the same body that students see on the street, at home, on social media, in their social relationships. It is a structured body, an object, which only exists in the practical and theoretical classes of these disciplines and books.

About this body object taken as “unique” and “true” at the beginning of the course, we are faced with bodies that occupy places that do not belong to any space. Foucault (2013) calls the body without a body the utopian body, the incorporeal body, exemplified by the bodies of mummies, which persist through time, a utopia of the dead.

We considered the parts and devices for simulations related to the clinical skills laboratory physical examination (UFCG, 2017, p. 17); synthetic anatomical parts, corpses and their mutilated parts used in anatomy classes (UFCG, 2017, p. 55), histological slides, utopian bodies, dead bodies whose utopian bodies are offered for academic study. We take the fact that utopias narrate a place that does not exist (the body of the deceased and its dismembered limbs; the histological slides) and that they blossom in an imaginary space and, therefore, “are located in the straight line of discourse”, therefore, language intersects with space.

We consider it essential that, concomitantly with the study of the “incorporeal” body, the body be worked on in its historical, social, cultural aspects and with its diversities. Moreover, it is the totality of these aspects that make up the bodies that students will find in the course's theory-practice articulation, since working with merely biologized and gendered bodies is referring to the use of utopias in which bodies emerge and others that make bodies annul.

Later, the students will enter the clinical disciplines and will start to deal with “real bodies” in theoretical and practical classes, never finding that objectified body with which they have learned so far. We observed, in the PPC, the construction of a “natural” / “normal” stigma among bodies, implying the attribution of a particular body to women, referring us to the fact that the medicalized body has become a privileged reference for the construction of gendered personal identities. At this point, we infer about the silencing of dissident bodies caused by power alliances based on hegemonic structures.

We observed in the 8th period of the course, in subject M4 – Women's Health, that the woman's body is included in the analyzes of “obstetrics; childbirth; puerperium; gynecology –

family planning, infertility, vaginal discharge [...]” (UFCG, 2017, p. 90, our translation), raising the suspicion that the very definition of women's health seems distorted. In the objectives of this discipline, we find a mechanistic view of the reproductive system, allocating knowledge to the reproduction capacity, without discussing sexual organs and sexuality, but rather, reproductive organs/system. The student is guided through a reading of bodies destined to serve as reproductive matrices, objects of the patriarchy installed in Brazil since the colonial period, reduced to their genitals and breasts. It is a conservative and sexist content, which refers to the medical perspective of the late 19th and early 20th centuries, in which doctors understood the woman's body as having a connection between the uterus and the central nervous system, and, therefore, the Feminine intellectual activities could generate sick and malformed children during pregnancy, with intellectual development reserved for men, as they did not run this risk.

Even in gynecology, the health of lesbian, asexual and bisexual women could be a theme in different contents, but it is evident that women's sexuality in all its expressions is removed from debate and reflections.

We consider it powerful to reflect with our medical students on the paths of masculine construction of women's identities: fragile, crazy, dangerous, degenerate, prostitutes or fatal. These beliefs gave legitimacy to the medical practice and discourse of the 19th century, when medical theories underpinned interpretations related to sexual difference. Course students are not provoked to reflect and expand their reading on female bodies when they are excluded, for example, female impotence, sexual orientation, contraceptive methods, transsexual and transgender women.

One can also observe a fragmentation of the age dimension of the body in the curricular components, not paying attention to the specificities of the elderly body in relation to the crossings of gender, sexuality and health. Contradictorily, these groups excluded from the curriculum have their specificities masked from the concept of family health, which works as a biopolitical instrument since it is intended for a normative group of people and not the specificity of each of their bodies.

In the discipline Child and Adolescent Health, offered in the 8th period of the course, we find, in its objectives, proposals for discussions such as “Etiopathogenesis of diseases; A perfect semiotics; Understand physiology and pathophysiology Understand physiology and pathophysiology; Institute appropriate therapy to resolve comorbidities [...]” (UFCG, 2017, p. 89, our translation). The observed discourses are biologizing and deal with these bodies as reservoirs of diseases and comorbidities, bodies in urgent need of treatment and normalization.

Themes such as transgenitality, intersexuality, homosexuality and transvestility, bisexuality in a way that goes beyond age range, arise within a taxonomy that hierarchizes, subordinates, pathologizes, medicalizes and mutilates subjects, automatically considered abnormal, discordant, strange, abject and, therefore, treatable/correctable by Medicine.

This population puts biological determinism in check, making their bodies a subversion of gender normativity impregnated by a colonial, cisgender-heteropatriarchal logic, which makes these bodies true fortresses of resistance. We infer that a course whose general objective is to provide training based “[...] also on humanistic sensitivity and social responsibility [...]” (UFCG, 2017, p. 258, our translation), does not achieve this objective when it silences these bodies throughout the analyzed PPC. It is to violently deny the existence of these people and to deny knowledge about their existence to doctors in training and graduates, in addition to weakening the training of these professionals. Thus, LGBTQIA+ subjects remain invisible in health issues and actions in our society.

Intersex bodies are absent in the training content of these students, whose curriculum shows that it is associated with biological theories, which argue that there is no room for someone with both sexes/genders, only people with one sex and their assumed corresponding gender. Thus, it is on the body of people with some type of sexual ambiguity or who leave room for this type of doubt that medicine will focus its attention only to promote intervention and create a new way of interpreting the sexes, without accepting the diversity of their bodies and their specific health demands.

The supervised curricular internship, or internship, takes place from the 9th to the 12th period of the course. In this stage that ends the graduation course, the internship student is the neglected medical subject, which, in theory, dialogues with the profile of the medical subject required by the SUS and determined by the DCN. What we observe is that the medical subject that this training curriculum produces has been normalized and is a normalizer, whose look and actions were and are directed towards normalized bodies, both in their biology and in their sexuality. That is, the analyzed course follows the norms committed to a logic in which there is appreciation of reproductive biological life that promotes the basis of health care - the DCN (BRASIL, 2001).

It was in the biological field that the curricula remained for a long time and to the biopsychosocial model that one wishes to shift. However, it is evident that they are still loaded with biologizing and masculine discourses, where power relations operate and are maintained in a strengthened way, embracing a system that behaves by influencing and being influenced.

A medical training curriculum⁵ that selects the bodies that will receive their care is an example of curricular violence that reinforces and perpetuates the *schism* of asymmetrical power relations.

And these subjects produced in this masculine norm are constituted as professionals of fragmented care, as they follow a health training model strongly influenced by the biomedical teaching model. It is not only with this view of the biological world that easily normalizes and dictates the rules in the curriculum, but by the form of its relations with other formative aspects, creating an image of what is set for social relations, what we observe is a base which is often isolated and dictating the paths.

As long as the normalization and standardization of bodies are based on a stereotype of muscles, virility over other possible identities and bodies, that is, a hegemonic pattern of representation of beauty, health, success and inclusion based on cisgender-heteronormative bodies, men, whites, standardized bodies, elitist and young - so-called "unmarked" subject - , the black body, the body of queers, fags, old people, transvestites, transgenders, dykes, the physically handicapped, the fat people and many others, will continue to be made invisible. Bodies whose very humanity is denied, whose lives are not considered lives and whose materiality is understood as unimportant. They are seen by medicine as abnormal bodies, "monsters", pathologized, in need of salvation and, for these bodies: *ah, open arms!* A range of rescue options, all offered on the premises of their institutions (hospital, clinical, psychiatric, pharmacological). If these institutions fail, others are waiting to obliterate these existences with open arms. Accepting these lives as specters of human existences, possibilities and livable lives is, at the very least, a necessity that must become a reality.

Equipped with its hegemonic scientific discourse, it is in the hands of doctors that life is entrusted. As long as the look at bodies is conditioned to reduce them to efficient reproductive matrices, reservoirs and potential manifestations of illnesses and comorbidities, scrutinized in structures and illnesses, pulverized by age and singularly and diversities are hidden (all population groups are representatives of LGBTQIA+ lives), this medicine will be positioning itself for the neoliberal capitalist system, colonized, tearing up bodies, crossing experiences, annihilating essences, annulling (re)existences.

⁵I adopt this form of writing to play on words with issues of gender and the system of power. Cisgender is a person who identifies with their gender imposed at birth by condition of the genitals. It is an antonym of/for transgender/transsexual.

Final remarks

The dissident body is a cry, a line of flight, a breach that opens up in the system so that silenced bodies gain visibility, promote the deconstruction of concepts and practices.

Reflecting on the body, in all its dimensions, and its correlation with health and teaching practices, is essential to (re)think academic training, health care and, consequently, the construction of knowledge that considers the individuality of being and integrality of health care, in a logic of social justice and human rights. Since the Human and Social Sciences in Health can be considered as one of the vehicles that enhance this process by promoting the humanization of care relationships between professional-user, through didactic-pedagogical strategies that encourage self-reflection and the acquisition of inclusive personal values and behaviors. Thus, providing an enrichment of reflections on health and illness as existential and societal, individual and collective phenomena. Also promoting citizenship, social justice, human rights and democracy in teaching-learning processes. That is, it seeks to promote Inclusive Education in educational institutions.

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