The Complexity of the Collective Health Field: Multidisciplinarity, Interdisciplinarityy and Transdiciplinarity of Knowledge and Practice --a Socio-Historical Analysis of a Paradigmatic Trajectory

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Objectives: To examine the interaction between the paradigms of multidisciplinarity, interdisciplinarity and transdisciplinarity in the field of Collective Health, as well as describe their knowledge bases and practices and examine trends in the production of disciplinary knowledge and intervention.

Methodology: Descriptive analytical.

Results: For the author, the Collective Health field can not be reduced to a “unique paradigm,” because it’s integrated into three models of discourse: a) basic disciplinary knowledge, b) intervention practices and c) scientific expression through professional agents. With this background, she mentions the three paradigms that interact in this field: 1) the multidisciplinary, 2) interdisciplinary, and 3) the transdisciplinarity.

The first paradigm includes converging disciplinary knowledge primarily from the biosciences, and is the dominant paradigm in Public Health used to combat endemic diseases and epidemics.

The second arises from the technological advances of the mid-twentieth century, when medical science merged with new disciplines and subdisciplines, such as social epidemiology, that arose under the influence of social science disciplines such as anthropology, sociology, geography and history. For the author, thanks to these disciplines people have been able to penetrate into the attitudes, conditions, lifestyles and culture which together can identify qualitatively and quantitatively “risk exposure.” However, the "growth crisis” that occurred since 1980 in the field of the humanities, places limits on these contributions, mainly due to the rise of the deterministic paradigm that assumes causality as a universal explanation of phenomena. The application of linear interpretive paradigms in research generates a flat, horizontal discursive production that blurs the contribution of different disciplinary knowledge of the social sciences and humanities.

Finally, the third operates as a synthetic multidisciplinarity and interdisciplinarity paradigm. The key to transdisciplinarity is to adjust to the diversity of contemporary culture and adapt to use the complementarity between models and versatility in interpretation. This paradigm obtains more relevancies in its foray into the field of Collective Health, according to the socio-cultural situations of populations.

Conclusions: For the author, the field of Public Health is productive in terms of knowledge production and intervention and ensures both a flexible and non-hegemonic confluence of several disciplines in this field. Using a unique paradigm ensures their impoverishment.