


# Buccality as a Decolonial Alternative: an Integrative Review and Critical-Reflective Analysis


## Bucalidade enquanto alternativa decolonial: revisão integrativa e análise crítico-reflexiva

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## Abstract

Brazil contests the hegemony of the biomedical model resulting from the historical colonization by Europe to the support of North American foundations, by creating its Brazilian National Health System. The concept of “buccality” proposes a broader perspective beyond this model, highlighting the need for alternatives that respect universality, comprehensiveness, and equity. This study aims to analyze buccality via an integrative review and reflection on its decolonial epistemological potential, including eight studies in its final sample. As an epistemological alternative, buccality values the mouth as a territory of experiences, opposing objectification. This study engages with European theories while still being critical of Eurocentric bias of modernity and approaches a bordering epistemology. This review found that buccality may integrate subjectivity and enable future research focused on the interests of Brazilian and Latin American oral health.

**Keywords:** Buccality; Oral Health; Public Health; Decoloniality; Integrative Review.

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## Resumo

A hegemonia do modelo biomédico, resultante de eventos históricos, da colonização europeia ao apoio de fundações norte-americanas, é contestada no Brasil após a criação do Sistema Único de Saúde (SUS). O conceito de bucalidade propõe uma visão ampliada para além desse modelo, destacando a necessidade de alternativas que respeitem a universalidade, integralidade e equidade. Objetivou-se analisar a bucalidade, com uma revisão integrativa e reflexão acerca de seu potencial epistemológico decolonial, com oito estudos incluídos na amostra final. A bucalidade, enquanto alternativa epistemológica, valoriza a boca como território de experiências, contrapondo-se à objetivização. Alinhada às críticas ao viés eurocêntrico da modernidade, mas dialogando com teorias europeias, se aproxima de uma epistemologia fronteira. Esta revisão identificou o potencial da bucalidade, para integrar a subjetividade e possibilitar futuras pesquisas focadas nos interesses da saúde bucal brasileira e latino-americana.

**Palavras-chave:** Bucalidade; Saúde Bucal; Saúde Coletiva; Decolonialidade; Revisão Integrativa.

## Introduction

The impact of international relations in the field of health is not exactly recent, but its significant growth from the last century onwards is notorious, with the strengthening of global perspectives and historical milestones, such as the foundation of the United Nations and cooperation experiences of different countries (Santana, 2011). In recent years, the global crisis experienced by the COVID-19 syndemic has highlighted these relations, as well as the political aspect of public health in its different coping strategies (Ungerer, 2020; Santos, 2023).

However, such relations have not always occurred harmoniously, cooperatively, or multilaterally between different countries, which reflects the existing geopolitical tensions. A good example of this process was the historical hegemony of the biomedical model of health.

The biomedical model presents a Cartesian approach, separating subject and object to value objective distance, technology, technique, and specialization. Thus, it fragments the patient and reduces the organism and the disease process to mechanical, chemical, physical, and biological elements, centralizing care in the figure of the medical professional (Barros, 2002).

The establishment of this model was not a completely organic process. Based on ideas that emerged at the end of the nineteenth century and the beginning of the twentieth century, and in the face of the chaotic state of the medical education scenario, the American educator Abraham Flexner promoted, with grants from the Rockefeller and Carnegie Foundations, a reform in health education, strengthening the hospital as a training environment and the biomedical and disciplinary curriculum in the United States (Pagliosa; Da Ros, 2008). From the 1920s to the 1960s, the Rockefeller Foundation actively participated in the global expansion of this scientific model, fomenting institutions and courses with technical and financial resources in several countries, including those in Latin America such as Brazil (Faria; Costa, 2006).

However, the complexities of the health-disease process and the biomedical model results and cost-effectiveness have led to the emergence of

questions and the development of new alternatives. According to the classic conceptual model of health by Earp and Ennet (1991), the health-disease process would actually comprise existing causal relations in a set of associated concepts, favoring the interpretation by different theories and levels of investigation. Other posterior conceptual approaches with important prominence were the transdisciplinary paradigm model by Albrecht, Freeman, and Higginbotham (1998), as well as the unified theory of health-disease by Almeida-Filho (2013) and the health equity measurement by Dover and Belon (2019).

In Brazil, no historical factor was more preponderant for changes in health than the Sanitary Reform Movement, influenced by the strengthening of Primary Health Care ideas, in an international debate in the 1970s. It entailed the reform on national public health policies, with the Federal Constitution of 1988 creating the Brazilian National Health System (SUS) (Matuda; Aaron; Frazão, 2013). For Brazilian public health, the SUS represented the democratic ideas that regained place in the national political scenario, since it held health as a right and had a decentralized, universal, integral, and equitable character.

In the context of oral health, traditional conceptual models were, in essence, transposed to this area's particular reality (Scherer; Scherer, 2015). Portuguese colonization, unfavorable socioeconomic conditions, precarious nutrition, and the lack of public policies shaped Brazil into a mutilated and edentulous country (Cunha, 1952; Narvai; Frazão, 2008; Chaves et al., 2017).

In the twentieth century, Market Dentistry predominated, with its biologicist, welfare-centered, clinical-surgical, individualistic, and mercantilist character (Narvai, 2006a). Water fluoridation was the first public policy with a real impact on the population's oral health conditions (Narvai, 2000; Frazão, 2012). However, the lack of universality and the inequality in public water supply also aggravated regional inequities in the country (Antunes; Narvai, 2010).

Brazilian oral health care only began to transcend the hegemonic social security care model with the creation of the SUS. From the first term of President

Luiz Inácio Lula da Silva, oral health was central for the government agenda, with the creation of the National Oral Health Policy (*Brasil Sorridente*) in 2004 (Carvalho et al., 2009; Chaves et al., 2017). Subsequent investments to increase oral health teams, the creation of Dental Specialty Centers, and the Regional Dental Prosthesis Laboratories made *Brasil Sorridente* the most significant public oral health policy worldwide (Cayetano et al., 2019).

The naturalism in health-disease processes has grounded Western medicine in Latin America and, with the influence of colonialism, it has disqualified and suppressed the knowledge and practices of native peoples, in favor of the biomedical model and a capitalist epistemology in health processes (Nunes; Louvison, 2020). On the other hand, the history of the SUS and popular movements in health reveals an important local response, as a set of public policies, acting as an alternative model to the almost absolute hegemony of the biomedical structure.

These existing tensions represent not only the different models of health care but also reflect the actions of different forces and interests in the geopolitical sphere, bringing to light another important issue: colonialism effects beyond the colonial period. Thinkers such as Walter Dignolo, Aníbal Quijano, and Enrique Dussel sought to expose and criticize the coloniality relations maintained in modernity confronting modern forms of domination, in a process that can be called decolonization, a non-Eurocentric social and political theory (Ballestrin, 2013).

Coloniality is understood as a result of European modernity, reducing colonized peoples by classification systems especially grounded on ideas of race, gender, and labor. The Myth of Superiority was, thus, imposed by exploitation, domination, and conflicts. By considering peoples "primitive," the violence and domination under the pretext of "civilizational liberation" was justified, and it was further spread by historical, political, economic, social, cultural, and epistemological processes (Grosfoguel, 2008; Dignolo, 2008; Ballestrin, 2013; Kings; Andrade, 2018).

The decolonial school of thought emerges as a movement of theoretical, practical, political, and epistemological resistance. Opposed to

modernity and coloniality impositions, the decolonial school of thought is based on the many thinkers and theories that turn to the colonized peoples for their diagnoses and prognoses, to detach itself from postmodernity and Eurocentrism (Ballestrin, 2013; Olive tree; Lucini, 2021).

It is, therefore, a set of constructions of thought, production, and valorization of knowledge that are alternative to the historically complex colonizing logic, and is based on critical reflections on power relations, focusing on liberation from colonial oppression (Zeifert; Agnoletto, 2019; Torre et al., 2022).

In this sense, Quijano (2009) argues that Latin American cultural diversity must be translated into new models, presenting themselves as an alternative epistemology to the dominant epistemology. This perspective enables us to understand that, although decoloniality has been organized and strengthened as a movement in recent decades, its origins are the counterparts to the very foundation of coloniality (Ballestrin, 2013).

For Mignolo, the *decolonial* alternative must be epistemic and detach itself from the Western model of knowledge accumulation, valuing a notion of geopolitics and state politics that belongs to people, religions, concepts, and subjectivities that were racialized by modern, imperial, and colonial reason (Mignolo, 2008). In this way, decolonial alternatives can emancipate Latin American thought by an interdisciplinary articulation of philosophical, cultural, political, and economic elements (Reis; Andrade, 2018).

Despite the advances in public health, the area of oral health had few rupture attempts in the epistemological sphere. The work of researcher Carlos Botazzo (2013) stands out, presenting the concept of buccality, which comprises the ability of the mouth to perform all its functions. That ability is related to social formation, to oral functions, such as speech, manducation, and erotism, which transcends the traditional dental idea, in a broad process integrated with the totality of the subject's experience.

These functions of the mouth are, therefore, the basis for understanding it as a mode of consumption and as production, to rescue the social being, the subjective, and the historicity. Thus,

oral health constitutes a broader field of analysis than that allowed by the technical and biological view of Dentistry, or even by public oral health (Botazzo, 2006).

Buccality is also a response to the crisis within the field, and seeks to integrate the dimensions related to human social life, by approaching the human sciences and by distancing itself from the predominant objectivity in the health sciences. Therefore, the mouth is no longer understood as an organ, but is considered a territory to reveal new discourses and new meanings beyond the biological being (Botazzo, 2006).

In short, it is an approach that goes beyond the Cartesian segmentation of the biomedical model and Market Dentistry, attempting to be an alternative conception to such reductionism and, therefore, with potential as a decolonial epistemology, in the sense of strengthening the democratic principles of the SUS.

Based on the above, this study aims to promote an analysis of the current scientific knowledge on the subject of oral health, based on an integrative review and critical-reflective analysis of its potential as a postcolonial epistemological alternative.

## Method

Considering the proposed objective, the methodology is divided into two stages: (1) an integrative review of the scientific knowledge production on oral health; (2) a critical reflection, contextualizing buccality within postcolonial theory.

Integrative literature review is a method of evidence-based practice, capable of contributing to the theoretical deepening of a given topic, as it systematically and orderly gathers and synthesizes research results. Thus, it brings a broad literature analysis to contribute to the incorporation of knowledge and the redirection of health care practices (Mendes; Scott; Galvão, 2008). The relevance of an integrative review is not restricted to the formulation of policies, protocols, and procedures, but it also extends to the promotion of critical thinking that is essential for daily practice (Souza; Silva; Carvalho, 2010).

For this review preparation, six steps were followed, namely: (1) elaboration of a guiding

question; (2) literature search, with inclusion and exclusion criteria for articles; (3) data collection and spreadsheet preparation in Microsoft Excel® program, with data related to scientific articles; (4) critical analysis of the included articles; (5) results discussion; and (6) final report preparation, comprising the literature qualitative synthesis (Souza; Silva; Carvalho, 2010).

The study began with the guiding question: “What is the available evidence on oral health as an epistemological alternative to Dentistry for the Brazilian and Latin American population?” The concept of buccality was defined by Botazzo (2013) as a possible “epistemological alternative to Dentistry,” which was considered by this review the aim of not only mapping the publications on the subject, but also investigating orality as an epistemological possibility, other than traditional Dentistry. Due to the objectives, the research was limited to the Brazilian and Latin American context, since buccality historically refers to these countries’ reality and their historically colonized communities.

The bibliographic survey included the databases PubMed (Public Medical Literature Analysis Online), LILACS (Latin American and Caribbean Literature on Health Sciences Literature), and SciELO (Scientific Electronic Library Online). The search was carried out simultaneously and independently by two reviewers, from December 2023 to January 2024, with the same criteria in all databases. The search key used comprised the following descriptors: (1) “buccality”; (2) “Brazilian oral health”; (3) “Latin American oral health,” using the Boolean operators “AND” and “OR,” in Portuguese, Spanish, and English, according to the database, as summarized in Figure 1.

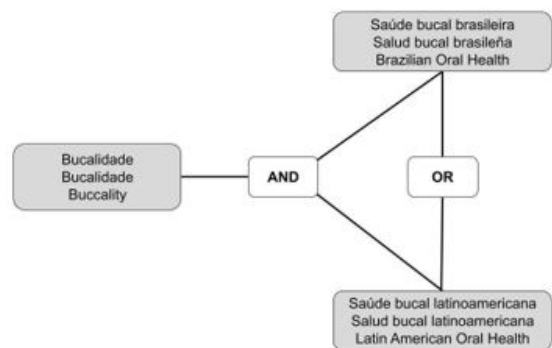
All forms of evidence on oral health, without time frame, fully available online, in Portuguese, English, or Spanish were included. Articles without a direct relation between the study and the topic of oral health were excluded.

Articles were initially selected by reading the titles and abstracts and applying the inclusion and exclusion criteria. Duplicate articles were excluded. In cases of doubt or unavailable abstract, the full text was accessed. Each article was carefully read in full, evaluating the relation with the theme.

The articles selected to comprise the integrative review were organized in a Microsoft Excel® spreadsheet, considering the following elements: (1) study title; (2) authors; (3) journal; (4) language; (5) year of publication; (6) study methodological classification; (7) place where the research was conducted, if applicable; (8) concept of buccality; (9) observed results summary, if applicable; (10) authors’ considerations; and (11) other relevant information, if applicable. After extracting these data, they were submitted to descriptive statistical analysis. A synthesis table was also constructed to provide a map of publications on oral health.

Results were then analyzed by critical reflection technique, which is a process that starts from an object of reflection (the intersection of buccality and decoloniality), conducted by the continuous data reexamination and reevaluation, to explore new structures and perspectives, based on decoloniality theoretical references, with emphasis on Walter Mignolo and Aníbal Quijano. It means to identify possible zones of agreement and divergence between perspectives and the boundaries of buccality as a decolonial epistemological alternative (Kember et al., 2008).

**Figure 1 - Keywords and Boolean operators used in search strategy. Florianópolis, 2024.**



## Results

The search strategy application identified nine studies in the investigated databases, of which only one was a duplicate. In reading of the eight titles and abstracts, we found that all studies met inclusion criteria, and that none of them presented the single

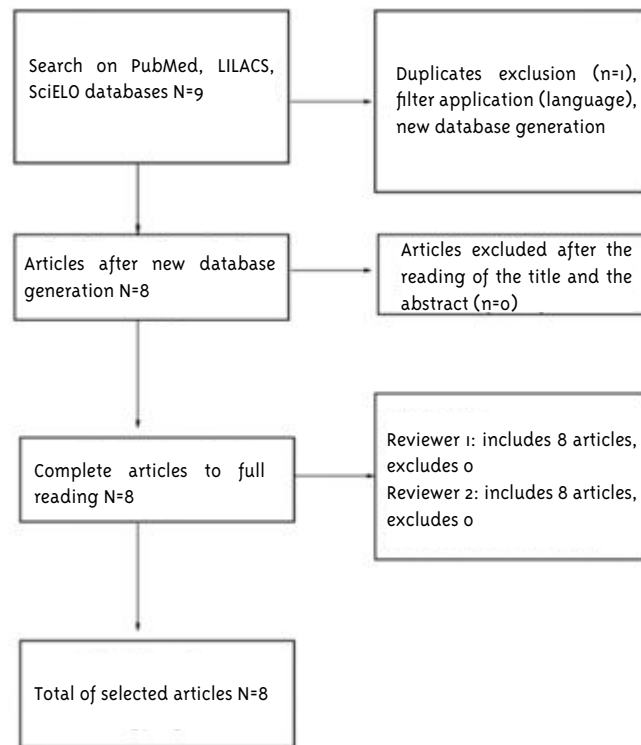
exclusion criterion. Therefore, the final sample comprised eight publications. The flowchart in Figure 2 represents the process and each of its steps.

Data collection process of the studies in the final sample identified that all of them were published in Portuguese and in Brazilian journals. Of the eight studies, five were part of a debate in a special issue of the journal *Ciência & Saúde Coletiva*, in 2006, and are directly related to each other. The other three articles were published in the journals *Revista de Saúde Pública* (1) and *Revista Saúde & Sociedade* (2), in 2006, 2017, and 2022, respectively.

Regarding the methodology used, six of the studies were essays and/or critical analyses of theoretical nature, reflecting on elements related to the concept of buccality. The research by Bortoli et al. (2017), in turn, adopted a qualitative methodology, conducted by interviews to investigate the perception of women in the face of extensive tooth loss, from the theoretical perspective of buccality.

Chart 1 presents a summary of the main elements of each of the studies included in the final sample of this integrative review.

**Figure 2 - Article selection flowchart Florianópolis, 2024.**



Search on PubMed, LILACS, SciELO databases N=9

**Chart 1 - Summary of the studies included in the final sample of this integrative review.**

AUTHORS (YEAR)	JOURNAL	SUMMARY OF THE STUDY
Botazzo (2006)	Ciência & Saúde Coletiva.	<p>Reflective essay part of a debate on buccality. It is based on an analysis of the term "public oral health" and its practical existence. When affirming the social theory of health, it is also necessary to think about the reorganization of public oral health from the same perspective, based on this social aspect. The concept of buccality originates in <i>The Order of Things</i>, by Michel Foucault, and brings out a production and consumption cavity in the oral works of erotism, manducation, and speech, in which taste is also produced. Buccality manifests these three functions that are also three dimensions of human life in society, configuring a <i>social production of the human mouth</i>, providing public oral health with the emergence of new objects. Orality shifts away from Dentistry and dental discipline, which can only refer to teeth and human beings as nature. It would be fundamental for public oral health to resume the functioning forms of the human mouth, in its individual and collective actions, in addition to how the mouth participates in social and specific reproduction in its own way, as an institutionalized territory with a social function, and without dissociating it from the totality that is the human body. Buccality is, therefore, a way for public oral health to expand its object, through the social understanding of the mouth beyond the limits imposed by the natural-biological view of Dentistry.</p>
Narvai (2006b)	Ciência & Saúde Coletiva.	<p>Reflective essay part of a debate on buccality. The article considers that buccality is presented as a methodological arrangement that foreshadows a vigorous intellectual production, presenting new denominations to the traditional functions of the teeth (chewing, speech, and aesthetics). One should pay attention to the possibility of incurrence in the separation of the mouth from the rest of the body, which would not be desirable from the perspective of buccality. Some questions about the theoretical context of oral health that must be answered are: who is the subject of the functioning mouth? Would oral production separate the mouth from the rest of the being? And, in this sense, is a social production by the mouth, a specific part of the whole, possible?</p>
Freitas (2006)	Ciência & Saúde Coletiva	<p>Reflective essay part of a debate on buccality. In the analysis of the debate, it is stated that there is no specific paradigm to public oral health. The author perceives in buccality the possibility of a catalyst for the area, making it more "paradigmatic," but also, at the same time, he believes that it is necessary to mature the concept, with the evolution, refinement of discussions, and simplification without reduction.</p>
Werneck (2006)	Ciência & Saúde Coletiva	<p>Reflective essay part of a debate on buccality. The practice of public oral health in the spheres of university education and public services comprehends numerous situations that manifest oral health, often not being understood by the subjects of these practices actions. For the author, buccality is the expression of several experiences throughout each one's existence. The representation attributed to the mouth goes through lifelong experiences, which take place especially in social life, with other beings. In buccality, the three works (manducation, erotism, and language) exist in the same space, chronologically. Oral care is an alternative for practices that are predominantly clinical, interventional, and focused on teeth. The subjects' understanding of their own buccality can corroborate the understanding of respect for the others, as well as their buccality/subjectivity.</p>

continues...

**Table 1 – Continuation.**

AUTHORS (YEAR)	JOURNAL	SUMMARY OF THE STUDY
Narvai (2006a)	Revista de Saúde Pública	<p>A reflexive essay that starts from the history of public oral health, from the publication of the Manual of Sanitary Dentistry, in 1960, by the creation of a state modality for dental services, to the development of this Sanitary Dentistry, under the State responsibility. For the author, most services still reproduce a model of Market Dentistry, with a private provision of oral health care, even in the public sector. Another important step was the development of Social and Public Dentistry, at the time of the military dictatorship in Brazil, in a less authoritarian approach and more related to social contexts, until reaching the stage of public oral health, which seeks to “deodontologize” oral health, while aiming to guarantee access to dental care in a universal and equitable manner. Buccality stands out as a way of overcoming the technicality and biologism that are characteristic of Dentistry, since it is an epistemological rupture with the Market Dentistry, stemming from people’s needs, and not from a mercantilist perspective.</p>
Kovaleski; Freitas; Botazzo (2006)	Ciência & Saúde Coletiva	<p>Reflective essay analyzes the health-disease process. Buccality differs from the dental approach, because dentistry struggles in articulating with the subjective spheres. Even with scientific advances, Brazilian dentistry has not had an impact on population’s oral health indicators. The technical study of teeth ignores desires and feelings, which are not understandable within the limits of Cartesian science. To discuss oral health from society, conditioning factors, and collective needs, it is also necessary to consider the “social mouth,” beyond the naturalized view of scientific branches, which impoverishes everyday experiences. Stemming from the foucauldian concept of disciplining bodies under the norm that capitalizes and produces docile bodies, and under work. As a location, the mouth is also disciplined and watched, as if social norms were natural and imminent. For example, in the repression of habits of manducation (“eating with open mouth”), erotism (public kisses), or speech (“wrong” speeches). There is a tendency to repress and control the work of the mouth from childhood. The result of this mouth disciplining is the reduction of the individual’s autonomy over his own body, corroborating his alienation, and producing discriminated mouths. Thus, Dentistry also acts as an accomplice in this process of disciplining, isolating, fragmenting, and misunderstanding the mouth. At the same time, dentistry is also able to offer rehabilitation and corroborate positivity through the mouth, as long as it effectuates socially.</p>
Bortoli et al. (2017)	Saúde e Sociedade	<p>Analysis of women’s perception of extensive tooth loss. Qualitative methodology, with a survey of the participants’ personal narratives, based on the theoretical framework of buccality. It was observed that economic condition was central to tooth loss, and social conditions were limited. The prosthesis was a symbol of ostentation in the past, which justified extractions. Dental access was precarious and mutilating. Pain was a remarkable experience, and it was faced with scientific or symbolic knowledge. Tooth loss resulted in suffering from adaptation, functional limitation, aesthetic concerns, embarrassment. Reports evidenced power relations imposed by the patriarchal context experienced by the participants.</p>

continues...



**Table 1 – Continuation.**

AUTHORS (YEAR)	JOURNAL	SUMMARY OF THE STUDY
Couto; Botazzo (2022)	Saúde e Sociedade	<p>A critical and reflective essay that aimed to discuss medical knowledge and the conception of care, buccality, and the role of care as an intersubjective meeting point. The biomedical discourse is presented as hegemonic in the health area, simplifying health care in a technical and individual way, which is based on control, interdiction, exclusion, and coercion, with an authoritarian role over life and care, in an objectified manner. The dental office would derive from this model, in which objectivity imposes itself on subjective aspects, reflecting the biomedical model. In opposition to the normalization of medical knowledge, the social production of the human mouth is presented. The mouth is not a homogeneous organ or space, it is composed not only of its anatomical-physiological diversity, but also of functions that are also social. This perspective is opposed to dentistry alienation, which separates the mouth from the subject. It perceives the mouth as a field whose discourses range from the dental to the psychoanalytic, as well as the subject itself and its set of oral experiences. The mouth, in this context, is understood as part of the human body through which the human being initiates, from a Freudian perspective, the apprehension of the world, thus as the very terrain of experience. Finally, the third part of the article is dedicated to the theme of liberation from care, in which the excess of Dentistry technicality has been leaving aside all the historicity and experience lived by the subjects and their mouths. On the contrary, to effectively produce care, another political and ethical perception of the clinic itself is necessary, one that considers the intersubjectivity between the subjects, and the body as history and memory. For this, it would be necessary to break with dental objectivity, mechanically closed in its procedures and negativity, and to recognize the subject in its listening, so that, with respect for the subjects' autonomy, the dental procedures themselves are resignified and supported in this subjectivity.</p>

## Critical-reflective analysis

Buccality emerges as a theoretical alternative within the field of public oral health, especially due to the need to offer a theoretical and conceptual field capable of understanding the social element of the mouth in a broader way (Barros, 2002; Botazzo, 2006; Kovaleski; Freitas, Botazzo, 2006).

In this sense, it can be characterized not as a scientific area, but as the conceptual field that considers the mouth a source of human experiences, from the perspective of the subject and the works that it manifests through the mouth, such as speech, manducation, and erotism (Botazzo, 2006, 2013). It is, therefore, a comprehension that extrapolates the elements of a rigid and objectivizing dental science.

By valuing the role of the subject whose autonomy has been reduced, it produces a critique of the dental scientific model itself, offering a new way of understanding the knowledge associated with

the mouth, not only from a technical-scientific perspective, but also in its historical, experiential, and social scope. In this sense, oral health can be more than a theoretical concept in the area of public oral health or a paradigm, as Freitas (2006) proposes, but mainly an epistemological alternative.

The dental science that reduces the subjects is the same science of the biological model that limits the phenomenon of the health-disease process. It is grounded on the assumption of neutrality, which in modernity was a vehicle for validating the superiority of a certain way of thinking, whose characteristic was historically Eurocentric.

For Walter Mignolo (2008), the rhetoric of Modernity since the sixteenth century has sought, in a civilizing mission, to impose development and modernization, under the logic of coloniality, appropriating land massively and promoting the extermination of natural resources and lives.

The concept of coloniality, introduced by the Peruvian sociologist Aníbal Quijano, is also the dark side of modernity: modernity is a project that is not detached from the European invasion against the territories of other peoples and from a process of domination. The pre-modern world was a polycentric and non-capitalist world. With modernity, capitalism was imposed as a global form of organization, based on a structure to control resources, authority, economy, subjectivity, and norms, as well as racial, gender, and sex classification dividing Europeans and Westerners from other peoples, which was consummated by labor control (Mignolo, 2017).

Modernity has, therefore, produced a mirage, with a global racial structuring, separating Moors and Jews in Europe and Indigenous and Black peoples on other continents. It organized classes of labor based on a system of production and control of capital and separating the international division of labor between center and periphery. Thus, political and military organizations and other institutions of power were centralized among European men, producing –with a supposedly scientific character—a racial hierarchy, structured in part on the notion of progress, in addition to producing a hierarchy and classification of sex, gender, and a spiritual and aesthetic hierarchy. Finally, it produced also an epistemic hierarchy, among others (Mignolo, 2017).

Although all these elements are fundamental to understand the inseparability of Modernity from Coloniality and its effects that last even after the end of the colonial period, this last imposed hierarchy, the epistemic, is the one closely linked to the more immediate issue of public oral health. Western knowledge and cosmology were prioritized in relation to other forms of knowledge production, often considered worthless (Mignolo, 2017).

The European colonial perception that all non-European peoples were “backward” has produced a reasoning that ignored alternative (non-European, colonized) forms of knowledge, concealing their Eurocentric character in the form of a neutral and supposedly scientific/rational/modern discourse. The myth of evolutionism contributed to an interpretation that the America yet to be colonized was in the “past” and, therefore, would be less

evolved, thus justifying the colonizing process as a kind of civilizing moral duty, even if under force and violence (Quijano, 2005).

By presenting its concern with the subjective aspect of the mouth, buccality opens the way for research to reveal the manifestations of the body of colonized peoples, offering a broader research path than the scientific limits of Dentistry. On the other hand, the concept of buccality, in essence, is still very much linked to theories produced within a perspective of Eurocentric epistemology, with the influence of European authors, such as Foucault and Freud, regarding the body.

At this point, it seems that buccality rather fits more into what Mignolo (2017) calls border epistemology, which is closely linked to the decolonial process, by the *anthropos* who does not want to submit to the *humanitas* imposed by Eurocentric thinking, even though this is inevitable. It is up to buccality to develop its own theoretical field, which will be able to demonstrate whether, in fact, it will become an alternative epistemology to that supposedly neutral and scientific language imposed by the sciences in general and, in particular, by dental science, or if the field will adapt to the frontier character of thought, transiting between both influences.

When we consider the doctrinal and organizational principles of the SUS, such as universality, integrality, equity, decentralization, regionalization, hierarchization, and social participation, it is clear that a model with individualized knowledge construction and focused on objective aspects does not seem able to offer a practice consistent with these principles. In this sense, as pointed out by Couto and Botazzo (2022), there is no longer room for a purely technocratic conception, which should be renounced as a model of oral health care.

When we think about the implementation history of the once hegemonic health care models, with technical and financial support by large North American institutions, it is necessary to reflect to what extent are these in fact representative of the realities experienced in countries such as Brazil and many others that make up the Global South, and how much they can represent, as identified by decolonial theories, the continuous effects of a colonization

process to endure. Such an analysis becomes even more important in view of the resistance found in the very process of implementation and strengthening of the Unified Health System (SUS) and counter-hegemonic alternatives within the country itself in the field of oral health.

## Final considerations

This integrative review enabled us to identify that buccality is an emerging theme and that it can provide a theoretical field for perceptions that go beyond the limits of Dentistry, with possibilities for investigating social and cultural aspects to integrate subjectivity beyond the individualistic model of oral health care. In this sense, buccality differs from forms of knowledge in the field of Dentistry and even public oral health, as it offers a new and unique field, full of possibilities.

The publications identified in this integrative review demonstrated a completely national character, which is in accordance with the idea that all the texts were in Portuguese, and it is a theory that also arises from national experiences. Considering the possibility of developing one's own theories related to Latin American and Brazilian experiences, in opposition to the colonial power that still exists, the potential to value perspectives suppressed by the traditional epistemology of dental science was identified.

However, the current development of the concept of buccality does not allow us to understand it as a full decolonial alternative, since it maintains a very close dialogue with concepts and conceptions from modern/Eurocentric epistemology. By inhabiting both worlds, it is possible to consider that, currently, buccality is a border thinking, conferring an important value for the future of research in public oral health, especially those that are concerned with the context of the Brazilian and Latin American reality.

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### Authors' contributions

Vinícius Spiger: conception and methodological design of the study, data collection, analysis and interpretation (independent evaluator - integrative review), final drafting of the text; approval of the final text. Renata Marques da Silva: methodological design, data collection, analysis and interpretation (independent evaluator - integrative review), final draft of the text; approval of the final text. Daniela Lemos Carcereri: conception and methodological design of the study, third evaluator for final decisions of the integrative review, final draft of the text; approval of the final text.

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