



Review article

Epistemological support of the process of emotional education of students of Stomatology



Sustento epistemológico del proceso de educación emocional de los estudiantes de Estomatología

Suporte epistemológico para o processo de educação emocional de estudantes de Odontologia

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Received: 31/05/2024

Accepted: 23/01/2025

ABSTRACT

The results of the epistemological analysis carried out from July to December 2023 are presented, as part of the research related to the formation of the emotional regulation competence in Stomatology students at the beginning of clinical practice. The objective was to epistemologically characterize the emotional education process of Stomatology students, with emphasis on the emotional regulation competence in clinical practice. To carry out this work, the following theoretical methods were used: analysis and synthesis, historical-logical and induction-deduction. Within the empirical level, documentary analysis was used; all of them allowed the study of the emotional education process of Stomatology students, with emphasis on the emotional regulation competence in clinical practice. The following categories were essentially valued: emotional education,

competence, emotional competence, emotional regulation and training by competence. In this sense, the contributions are justified, from the classics to the contemporary ones. The theoretical deficiencies in the emotional education process were revealed as an epistemic void, given the insufficient systematization and theoretical-methodological support related to the treatment of emotional competencies, specifically emotional regulation in Stomatology students, which limits efficient performance in clinical practice.

Keywords: emotional education process; emotional regulation; clinical practice; emotional competence; competence-based training.

RESUMEN

Se presentan los resultados del análisis epistemológico realizado de julio a diciembre de 2023, como parte de la investigación relativa a la formación de la competencia regulación emocional en estudiantes de Estomatología al iniciar la práctica clínica. El objetivo fue caracterizar epistemológicamente el proceso de educación emocional de los estudiantes de Estomatología, con énfasis en la competencia regulación emocional en la práctica clínica. Para llevar a cabo este trabajo se emplearon como métodos teóricos: el análisis y síntesis, el histórico-lógico y el de inducción-deducción. Dentro del nivel empírico se utilizó el análisis documental; todos ellos permitieron el estudio del proceso de educación emocional de los estudiantes de Estomatología, con énfasis en la competencia regulación emocional en la práctica clínica. Se valoraron, de manera esencial, las siguientes categorías: educación emocional, competencia, competencia emocional, regulación emocional y formación por competencia. En tal sentido, se justiprecian los aportes, desde los clásicos hasta los contemporáneos. Se reveló como vacío epistémico las falencias teóricas en el proceso de educación emocional, dadas en la insuficiente sistematización y sustentación teórico-metodológica referida al tratamiento a las competencias emocionales, en específico la de regulación emocional en estudiantes de Estomatología, que limita el desempeño eficiente en la práctica clínica.

Palabras clave: proceso de educación emocional; regulación emocional; práctica clínica; competencia emocional; formación por competencia.

RESUMO

São apresentados os resultados da análise epistemológica realizada de julho a dezembro de 2023, como parte da pesquisa relacionada à formação da competência de regulação emocional em alunos de Estomatologia no início da prática clínica. O objetivo foi caracterizar epistemologicamente o processo de educação emocional dos alunos de Estomatologia, com ênfase na competência regulação emocional na prática clínica. Para a realização deste trabalho, foram utilizados os seguintes métodos teóricos: análise e síntese, histórico-lógico e indução-dedução. Em nível empírico, foi utilizada a análise documental; todos eles permitiram o estudo do processo de educação emocional dos alunos de Estomatologia, com ênfase na competência de regulação emocional na prática clínica. Foram avaliadas essencialmente as seguintes categorias: educação emocional, competência, competência emocional, regulação emocional e treinamento baseado em competências. Nesse sentido, as contribuições, desde as clássicas até as contemporâneas, são apreciadas. As deficiências teóricas no processo de educação emocional foram reveladas como uma lacuna epistêmica, dada a insuficiente sistematização e suporte teórico-metodológico para o tratamento das competências emocionais, especificamente a de regulação emocional em estudantes de Estomatologia, o que limita o desempenho eficiente na prática clínica.

Palavras-chave: processo de educação emocional; regulação emocional; prática clínica; competência emocional; treinamento baseado em competências.

INTRODUCTION

A curriculum design based on competencies and focused on the student, in order to achieve a comprehensive education, which includes socio-personal and professional competencies, is essential in today's university education. Its objective is for the student to achieve complex learning that integrates being, knowing and being willing to do.

The purpose of adopting a competency-based educational model, according to Varona (2021), is to increase the quality of the education provided, continuously improve student learning, to help them achieve their goals in their personal, social and work life. Thus, it is clear that the links between Higher Education and work require competency-based training to achieve excellence in professional performance.

Undoubtedly, the Stomatology career in Cuba is not exempt from these precepts, hence the current study plan (Minsap, 2020) is designed with the fundamental purpose of training a stomatologist with diagnostic, therapeutic, communicative, administrative, research and innovation skills. To this end, the link between theory and practice, as a guiding principle, is conceived in the study program from the first year of the degree.

Despite this, traditional medical education often ignores personal skills, which are what make doctors health professionals. In this regard, emotional learning is not an explicit part of education, and very few institutions include it in their curriculum; it is considered a personal aspect that has been given less importance, despite the fact that emotions define human behavior to a large extent (Macaya et al., 2018).

In this context, it is worth noting the research work of numerous international and national authors. These highlight the importance of emotional competencies for full vocational and personal training (Alegría, 2022; Godoy & Sánchez, 2021; Tobón, 2020).

The above studies provide significant results and clarify essential aspects of emotional competencies and support the theory that IQ is not a benchmark for a better student; it is not enough to achieve professional success. Currently, theoretical and technical knowledge does not occupy a preponderant place; in addition to these, a series of competences is required from graduates, as suggested by Martínez and González (2018).

However, in the present age of knowledge, it is necessary to deepen the theoretical and practical contributions proposed, to arrive at the discernment of previous knowledge and propose solutions to various problems which are still lacking answers in the training process. Therefore, the present work intends to characterize epistemologically the process of emotional education of students in Stomatology, with emphasis on the competence emotional regulation in clinical practice.

Based on the dialectical-materialist conception, the study used the method of analysis and synthesis, which, as a theoretical method, allowed the understanding of the whole in its parts and the characterization of the process investigated as a whole. The historical-logical method was also used to analyze the emotional education process of Stomatology students and the induction-deduction method to extract regularities related to the process being investigated and to reach precise conclusions about it.

At the empirical level, documentary analysis was used to contextualize and characterize the emotional education process. It made it possible to verify the characteristics of the Dentistry study plan, the professional model, normative documents of the methodological work, ministerial resolutions, discipline and subject programs. Likewise, to verify the deficiencies and potentialities in the reviewed materials.

DEVELOPMENT

Universities take on the challenge of training professionals who are prepared to respond creatively to social needs, and to do so, more than just technical knowledge is needed. Therefore, Emotional Education (EE), as a psychopedagogical innovation, responds to deficiencies that are not sufficiently addressed by academia. It is defined as: a continuous and permanent educational process that aims to enhance the development of Emotional Competencies (EC), as an essential element of human development, in order to train them for life and with the aim of increasing personal and social well-being (Bisquerra & Chao, 2021; Bisquerra & López, 2021; Bisquerra & García, 2018).

In accordance with the above, EE is the systematic training that leads to personal fulfillment and interrelation with others. It includes the identification of one's own and others' emotions, and learning to give an adaptive (adequate) response to these emotions, acquiring a certain degree of competence in their regulation, according to Alfonso (2019). In this sense, EE includes "psychopedagogical aspects of foundation; analysis of needs; formulation of objectives; design of programs; application of activities, techniques, methodological strategies; evaluation of programs, etc." (Bisquerra, 2016).

Emotional Education should not be confused with psychotherapy. The latter is a process of specialized help in caring for a person who presents emotional and mental difficulties, while Emotional Education is a group intervention, of a proactive, preventive and human development nature. It is oriented towards prevention; not intervention in case of a problem, following the clinical model. It focuses on the integral development of the person through the development of emotional competencies (Bisquerra & Chao, 2021).

The definition of competence has not been free of controversy. Authors such as Montes de Oca and Machado (2014) claim that it has become a polysemic and multipurpose concept. Thus, Nejad and Bahmaei (2012), among many others, consider the concept of competence as an ability to successfully carry out tasks and respond to demands.

Meanwhile, Neri and Hernández (2019) see competition as a way of assuming a specific position in the face of a certain event, which has to do with the application of knowledge and personality traits. Considering competition as a skill has been an idea promoted by Tobón (2006).

Authors such as Mejías and Colunga (2020); Ceballos and Tobón (2019) and Montes de Oca and Machado (2014) demonstrate the involvement of competencies in different areas of life. Most of these studies understand them as units of action that express what a person must know and be able to do to develop and maintain an efficient level of performance in their work.

Mejías and Colunga (2020) highlight the inclusion of cognitive, affective, behavioral and experiential aspects that are put into operation in a given context, in order to solve a problem of social practice. It is associated with quality, efficiency, effectiveness, relevance, responsibility, excellence and satisfaction (Ortiz et al., 2015).

For Machado and Montes de Oca (2020), competencies are a consequence of the interaction between people and are developed through educational processes and constant practice in real contexts. These authors conceptualize them and consider them as the goals to be achieved in the professional training process.

For the purposes of this research, the supporting criteria coincide with those of Tobón (2018), who argues that competencies are integral performances to identify, interpret, argue and solve problems in context, with suitability, ethical commitment and continuous improvement, integrating knowledge of being, living together, doing and knowing.

In order to achieve such purposes, the development of competencies is subject not only to the technical part, but also to the need to measure intangible factors that are very important for professional performance, related to the competencies of the Being. According to Rojas et al. (2020), it is necessary to develop competencies in the student that allow them to interact in the work and social environment in an assertive way. In the literature, competencies have received various names, including: participatory, personal, basic, key, transferable, relational, interpersonal, transversal, basic for life, social, soft, emotional, socio-emotional and life skills (Álvaro, 2020). Thus, they are still in the process of continuous development and reformulation and there is no unanimous conceptualization and name.

In this sense, the term Emotional Competence is consistent, understood as a way of naming a subset of basic life skills. As Bisquerra (2016) points out in the study of emotional competences, there is a certain confusion between the terms CE and Emotional Intelligence (EI).

Supported by authors such as Salovey, Mayer, Goleman, Petrides, Bar-On, cited in Fragoso (2022); Fernández y Cabello (2021) and Alfonso (2019), the IE construct refers to the ability to reason about emotions and on the other hand, processing emotional information to increase reasoning. As for the EC, Saarni (1999), recognized for having coined this category on a solid basis, separating it from the EI, defines it as an articulated set of skills and abilities necessary to cope with a changing environment and emerge as a better adapted person, more efficient and self-confident.

Bisquerra and López (2021) conceive CE as the set of capacities, knowledge, skills, attitudes and values necessary to identify, understand, express and regulate emotional phenomena appropriately. They must be understood as a subset of socio-personal competencies and are structured by five major elements, according to Bisquerra and García (2018):

1. Emotional awareness: the ability to become aware of one's own emotions, including the ability to capture the emotional climate of a given context. It is made up of the following micro-competencies: becoming aware of one's own emotions, naming emotions, understanding the emotions of others, becoming aware of the interaction between emotion-cognition and behavior, detecting beliefs, concentration and ethical and moral awareness.
2. Emotional Regulation (ER): is the ability to manage emotions appropriately. It can also be called emotional management. It involves: being aware of the relationship between emotion, cognition and behavior; having good coping strategies and the ability to self-generate positive emotions. The skills that make up the block are the following: appropriate emotional expression, regulation of emotions and feelings, emotional regulation with ethical and moral awareness, regulation of anger to prevent violence, frustration tolerance, coping strategies and competence to self-generate positive emotions.
3. Emotional autonomy: set of characteristics and elements related to personal self-management, including self-esteem, positive attitude towards life, responsibility, ability to critically analyze social norms, ability to seek help and resources, as well as emotional self-efficacy. The micro-competencies include: self-esteem, self-motivation, emotional self-efficacy, responsibility, positive attitude, critical thinking, critical analysis of social norms, assuming ethical and moral values and resilience.

4. Social competence: the ability to maintain good relationships with other people. This involves mastering basic social skills, effective communication, respect, prosocial attitudes and assertiveness. It is made up of nine micro-competencies: mastering basic social skills, respect for others, receptive communication, expressive communication, sharing emotions, prosocial behavior and cooperation, teamwork, assertiveness, conflict prevention and resolution, ability to manage emotional situations and emotional leadership.
5. Competencies for life and well-being: the ability to adopt appropriate and responsible behaviors to successfully face life's challenges. Its competencies include: setting adaptive goals, making decisions, seeking help and resources, exercising active, participatory, critical, responsible and committed citizenship, feeling emotional well-being, flow, feeling aesthetic emotions. It is the ability to generate positive experiences in personal, professional and social life, adds Alfonso (2019).

Several authors have paid special attention to the RE competence. Thus, the Research Group on Psychopedagogical Guidance, as cited in Álvaro (2020), considers it as the ability to manage emotions in the appropriate manner and intensity, without repressing or losing control of them. It involves appropriate emotional expression, accepting that the internal emotional state does not necessarily need to coincide with the external expression; understanding how emotional expression and behavior affect other people (assertiveness and empathy); managing conflict resolution skills; managing the intensity of emotions and their duration; self-generating positive emotions; tolerating frustration and being able to postpone gratifications.

Olhaberry & Sieverson (2022) believe that ER aims to optimize human development. They understand it as the successful management of emotions for effective social functioning by initiating, maintaining, modulating, or changing the occurrence, intensity, or duration of internal feeling states and emotion-related physiological processes.

This last idea has also been promoted by Pérez (2020), who summarizes the objectives of ER in the following terms: developing the ability to control emotions by preventing the harmful effects of negative ones and developing the ability to generate positive emotions. Similarly, Álvaro (2020) defines ER and points out that appropriate regulation produces high levels of emotional well-being and academic success.

In addition to the above considerations, it can be added that RE helps to promote adequate self-esteem, provides self-control and mastery of the circumstances in which one lives. It also promotes tolerance to frustration and the ability to wait; these provide an emotional balance that strengthens the personality, making a more balanced and productive life (Bisquerra, 2003).

It is interesting to highlight Álvaro's point of view (2020), when he expresses that the RE competence is possibly the indispensable element of CE, but its concept should not be confused with that of repression, since it is not intended to extinguish or repress emotions, but to be able to operate in such a way that they are expressed in the most appropriate way, in the appropriate form and intensity.

For the purposes of this work, the authors assume as support the definition given by Bisquerra and López (2021) of CE and Bisquerra and García (2018) of RE. Although they do not fully agree with the latter, regarding identifying RE as a capacity, since competence transcends know-how.

Thus, ER can be applied to a multitude of situations, such as family functioning and stress, among others (Orozco et al., 2022; Pérez, 2020). It is essential to clarify that, in the sources reviewed by the authors, no references were found on the formation of the ER competence, with the intended purpose, in the Stomatology student. However, within this specialty, studies are recorded that reaffirm the need for EE in these students to effectively regulate the expression of their emotions (Pérez et al., 2020; Castro et al., 2019; Macaya & Vergara, 2018; among others).

In this regard, university education is not only about providing students with knowledge of a specialty, nor about guiding them or providing them with methods and ways to know how to build it; it also includes action on all other aspects of being human, without underestimating that students are social beings, who live in a community to which they owe themselves and with which they must dialogue (Varona, 2021 and Herbert et al., 2020).

Training is a category that has been analyzed from different angles: philosophical, sociological, psychological and pedagogical. It is aimed at the formation of the human being as a social being and in this process each subject appropriates in a personalized way part of the culture that has preceded him, while being instructed, educated and developed to behave independently (Lolo et al., 2012). As a category of pedagogical sciences, it has been addressed by different authors, who point out that it is a totalizing process that occurs in the education of the subject and has to consider social objectives and purposes, preparing the individual for life (Varona, 2021; González, 2019).

Within the framework of this research, Delors' criteria (1996) are recognized, when proposing four pillars on which education for the 21st century should be based: learning to know, learning to do, learning to live together and learning to be. In this regard, special attention is paid to the volitional aspects that motivate and enrich the strength for change, according to Forner's criteria (2018). From this perspective, the competency-based training approach is increasingly gaining ground in current training processes.

Competency-based training, according to Tobón (2018), implies a paradigm shift in education, which consists of seeking to train people to face the challenges of different contexts with the necessary knowledge. For their part, Ronquillo et al. (2019) define competency-based training as a constructive process, in which not only the acquisition of technical knowledge about a particular area is important, but it also requires an ethical and moral commitment to the practice of a specific profession.

In light of these ideas, the integration of disciplines, knowledge, practical skills and values is essential for the development of competencies. Of interest are the criteria of Rengifo (2021) and Velázquez (2019), who express that interdisciplinarity is called to achieve an integrative training process, it is an act of culture and not a simple relationship between its contents; its essence lies in its educational, formative and transformative character.

In this order of ideas, there is agreement with the historical-cultural approach proposed by Vygotsky (1995) and his followers. This author asserts that learning is an activity that occurs in a specific social development situation, given by conditions of social interaction in a specific socio-historical environment.

In this sense, socio-formation emerged in 2000, by Tobón, who followed the postulates of Professor Morín (1999) in the face of the challenge of moving towards an integrative and complex perspective of competences, as an approach of great impact in the training field, as collected in their work Tobón et al. (2015). Since then, socio-formation has been the purpose of numerous institutions and researchers (Ceballos & Tobón, 2019).

Socioformation is an approach of Latin American origin focused on achieving concrete actions with students, in order to train people for the knowledge society with a solid ethical life project, collaboration, entrepreneurship, complex thinking and knowledge management, with the necessary skills to identify, interpret, argue and solve the problems of their context (Tobón, 2020; Tobón et al., 2015).

For Tobón (2021), socio-formation provides the individual with a comprehensive education, working on challenges in the environment. Based on these challenges, the achievement of learning or the development of skills is sought to achieve greater effectiveness. The author agrees with this statement and also assumes it as a term in the present research, due to the interrelation revealed to designate a comprehensive and more complete process. Links that, in medical education in Cuba, are concretized in education at work.

Work-based education should be understood as the training of the student through practice in health (community, clinical and hospital), based on theoretical classes, which allows him/her to deepen and consolidate knowledge, intellectual skills, values and professional conduct in the health services themselves (Vela et al., 2018).

This reasoning is estimated by the author by recognizing that the training of the stomatologist is based on the pedagogical models of activity (learning by doing) and communication (teacher-student and student-patient-family relationship), and thus raises the quality of the assimilation of the contents, since the training activities are related to future professional practice. Education at work, more than a form of teaching, is the guiding principle of Cuban medical education to train a competent professional (Minsap, 2020; Vela *et al.*, 2018).

It is significant to mention that, between the stomatologist and the patient, from their first visit, the clinical method begins to be applied. This is conceived as the scientific method of clinical science, which has as its objective the study of the health-disease process (Silva et al., 2023). In this regard, it should be highlighted that in its execution not only professional skills are important.

The clinical method requires questioning, anamnesis or a medical interview to identify the symptoms and their possible causes, which allow the formulation of a presumptive diagnosis that is as accurate as possible (Bisset, 2021). To this end, the emotional and ethical behavior and communication skills of the professional facilitate communication with the patient. In this sense, the data referring to the reason for consultation, the history of the current illness, the family and personal pathological history, toxic, deforming or dietary habits, the semiological description of the oral and systemic symptoms, the psychological and social aspects, will be entrusted by the patient to that professional capable of projecting an image of security and confidence.

Likewise, Bisset (2021) states that the general and oral physical examination, as part of the clinical method, consists of the examination of the patient by the doctor, using some instruments (explorer,

mirror, vitalometer) and his senses (touch, vision, hearing). These actions demand from the stomatologist total concentration and precision in his performance, in order not to lead to errors.

Both the anamnesis and the physical examination provide the necessary data that underpin the physician's scientific and integrative reasoning to arrive at a diagnosis and then propose therapeutic actions. Meanwhile, the execution of therapeutic stomatological actions requires precision, delicacy and meticulousness, which are difficult to achieve if emotions cannot be regulated.

It is rightly considered appropriate to state that the clinical method has among its fundamental components the doctor-patient relationship. When a good relationship is established between the patient and the dentist, the conditions for a relationship of trust are created, which will lead to satisfaction for both parties and the performance of quality treatments (Apolo et al., 2017).

Several factors intervene in the doctor-patient relationship: the personality characteristics of the patient and the doctor; the verbal and non-verbal communication aspects of the message being transmitted, the behaviors and attitudes that depend on the role played by each member of the relationship, the affective interactions (transference, countertransference, empathy) and the characteristics of the environment in which the relationship takes place (Apolo et al., 2017).

In light of these ideas, personological resources are essential. They are defined as particularities of individual subjectivity that enable a productive interrelation with the environment and a positive solution to situations that may arise, which elevates the active character of the subject and his capacity for self-determination and assumption of decisions and responsibilities in his actions (Alonso and Pérez, 2015).

It is interesting to note that patients may approach the dentist with mixed feelings. On the one hand, they perceive the dentist as a capable being who will help them alleviate their ailments. However, the dentist is also a threatening figure, given the invasive and sometimes painful procedures applied in the oral area. It is the dentist's responsibility to intervene to reduce the patient's anxiety; the dentist has immensely greater power than his patient when he is in the dental chair (Escobar et al., 2019).

However, in order to establish a good relationship with the patient, the dental student must be competent in regulating his or her emotions. He or she must take control and make decisions about

them, influencing them in order to express himself or herself appropriately and achieve success in clinical practice.

Patient satisfaction is linked to the doctor's regulated emotional communication and action, which allows the patient's expectations to be met, in addition to the results of the therapeutic actions carried out. The first treatment begins with the emotional influence that the professional can exert on the patient's psyche, which allows the acceptance and success of the treatment to be achieved.

From this perspective, inappropriate emotional behavior by the dentist can lead to medical iatrogenesis, understood as the damage caused to the patient by the professional, unintentionally, sometimes unconsciously, which can cause from mild emotional discomfort to death. It is important to emphasize that psychological iatrogenesis is the most frequent (Domecq et al., 2020). Likewise, emotional imbalance on the part of the physician can lead to errors, without bad intention, in the execution of the therapeutic procedure.

To understand the phenomenon of EE and the formation of the RE competence, it is necessary to define the term emotion, which constitutes a complex undertaking, taking into account the diversity of approaches from which it has been studied. It is worth mentioning that it has been of interest to thought from classical philosophy (Aristotle) to the most current research, passing through Darwin, perhaps the scientific precursor of his research (Álvaro, 2020).

Etymologically, the word emotion comes from the Latin *motere* and means to be in motion or to move; that is, emotion is the catalyst that drives action (Álvaro, 2020). Emotions serve, then, as the most powerful, authentic and motivating source of human energy. Therefore, emotion could be understood as an organized mental response to an event that includes psychological, experiential and cognitive aspects (Badaracco, 2015).

Although there are different views and definitions of emotions, within the framework of this research they are recognized as a complex state of the organism characterized by an excitation or disturbance that predisposes to an organized response. Emotions are generated as a response to an external or internal event and have three components: neurophysiological, behavioral and cognitive (Bisquerra, 2003).

The neurophysiological response manifests itself in responses such as tachycardia, sweating, vasoconstriction, hypertension, muscle tone, blushing, dry mouth, changes in neurotransmitters,

hormonal secretions, labored breathing. All of these are involuntary responses, which the subject cannot control. However, they can be prevented through appropriate EE techniques (Álvaro, 2020; Bisquerra, 2003).

Regarding behavior, facial expressions, non-verbal language, tone of voice, volume, rhythm, and body movements provide signals about emotional state. This component can be attempted to be concealed. For example, facial expressions arise from muscular activity, which connects directly with the emotional processing centers, making voluntary control difficult; although, it is always possible to "fool" a potential observer. Learning to regulate emotional expression is an indicator of maturity and balance that has positive effects on interpersonal relationships (Bisquerra, 2003).

The cognitive component or subjective experience is linked to the processing of information, whose organic substrate is the central nervous system. Its fundamental function is the evaluation of events, objects or situations that occur and give them a name. Since introspection is sometimes the only method to gain knowledge of emotions, the limitations of language impose serious restrictions and make it difficult to become aware of them (Blanco, 2019).

Emotion is closely linked to feelings, but they are different brain realities. According to Damasio (2005), cited by Blanco (2019), emotions precede feelings. They constitute the organism's response to a stimulus; that is, an object or event with biological importance. Feelings, on the other hand, are the subjective, stable and more or less lasting experience of emotion, lacking somatic symptoms. It can be said, then, that they are a conscious and reasoned mentalization of emotion.

Emotions can be taught through reason and example, not only by the teacher but by all the socio-educational agents involved. To this end, EE provides resources and strategies to promote self-knowledge, understanding of the relationship between epistemology-methodology-praxis, which leads to the relationship between emotion-thought-action, the responsibility one has in what one does, feels and thinks, the way of facing life experiences and strengthens transformation.

CONCLUSIONS

Taking into account the multiplicity of epistemological categories involved in the process of emotional education provides theoretical solidity to scientific research. The study carried out explains the central and basic place of knowledge in the framework of emotional education of the Stomatology student.

Based on the theoretical interpretations made, it was possible to assume the idea of forming in the Stomatology student a competence that allows them to regulate their emotions from a pedagogical and educational point of view (based on pedagogical instruments). Likewise, a theoretical framework is needed from science to support the formation of the emotional regulation competence in clinical practice for Stomatology students.

The epistemological analysis carried out showed the existence of deficiencies in theorization about the formation of emotional regulation competence in Stomatology students, in relation to clinical practice with the patient, as a form of education at work and the demands of comprehensive dental care.

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Conflict of interest

Authors declare no conflict of interests.

Authors' contribution

The authors participated in the design and writing of the article, in the search and analysis of the information contained in the consulted bibliography.



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