MENTAL HEALTH CARE AND EDUCATIONAL ACTIONS: FROM INSTITUTIONAL EXCLUSION TO SUBJECTIVE DEVELOPMENT[1]

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This paper is based on a qualitative research study within a Community Mental Health Centre in Brazil. It, it addresses professional actions within mental health services as a sensitive sphere in which to discuss deadlocks and critical strategies to expand practices towards deinstitutionalization. The idea of subjective development from a cultural-historical standpoint is discussed as a theoretical way to promote institutional practices which articulate education and mental health care. Subjective development is regarded as a non-universal, non-deterministic, and context-sensitive process, having the subject configuration as its unit. We argue that such discussion has heuristic value for understanding mental health as a living process, beyond hermetic diagnostic entities, overcoming the objectualization and hierarchical aspect which frequently characterize the relationship between service users and workers. Moreover, we discuss how professional actions geared towards subjective development could enhance dialogical relations capable of supporting individuals and groups to actively position themselves as subjects in their life pathways. From this point of view individuals are not considered as an epiphenomenon of social forces, such as the result of the effects of power, but as a crucial moment of social experience.

Historically, mental health care institutions have contributed to the pathologization of psychological processes (Amarante, 1995; Foucault, 1978; Mills, 2014). These processes have been largely criticized by psychiatric reform movements around the world during recent decades, leading to important transformations in mental health services (Arnkill & Seikkula, 2015; Moeller, 1999; Ramon; Healy & Renouf, 2007). In particular, Brazil was strongly influenced by Democratic Psychiatry in Italy, especially by authors like Basaglia (1980, 1985) and Rotelli (1994), who argue that 'mental disorders' should not be conceived of as illness, but as social, cultural productions and subjective production. According to them, mental health care should imply a process of deinstitutionalization which, from our point of view, demands not only social integration of these people, but also processes of subjective development[2] – a topic that has been radically excluded from mental health practices.

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[2] Later in this paper we discuss in depth how subjective development is considered as a non-deterministic, non-universal, as well as a context-sensitive process, which has

Such ideas about deinstitutionalization have begun to take shape in Brazil since the 1970s, making room for several transformations over the next decades. Mental health care has been gradually broadening its scope to include the constituent complexity of human processes, requiring interdisciplinary working beyond the traditional scope of areas of the health field (Amarante, 1995; Dimenstein, 2013).

In this context, Community Psychosocial Centres (*Centro de Atenção Psicossocial* – CAPS) are community-based mental health services which represent the main device of the Brazilian psychiatric reform process. They were designed as alternative services to the traditional asylums. Their services include searching for potential resources within the community in which they are established, so that all these resources are included in the assistance provided.

Nevertheless, even though the assistance is formally based on principles of democratic psychiatry, what happens in the daily routine of the services is quite different. In theory, the mental health service should work together with the community, taking into account the population's cultural productions. Therefore, the treatment should be a step in fostering social engagement and emancipation, as well as in promoting changes. However, in several situations, this articulation between service and community does not exist, and users have been assisted for many years only in activities inside the service, leading to several cases of institutionalized treatment.

Such difficulties, as argued elsewhere (Goulart, 2013, 2015, 2016), are the result of a process of new institutionalization, which represents the unilateral, hierarchical and crystallized relationships between workers and users, who are treated as objects of technical procedures. In this sense, this situation is characterized by the maintenance of a 'mental hospital model' within the Community Psychosocial Centres (CAPS), not as walls and cages, but as social and individual subjective experiences. Through the process of new institutionalization, the institutional processes adopted in the treatment fail to combine subjective development together with assistance. As a consequence, the hypertrophied instrumental dimension of the institution's work seems to conceal the educational role played by the service (Goulart, 2013).

The case study of Sebatiao, which was part of a research project in a Community Mental Health Centre in the Federal District of Brazil (Goulart, 2013), is an example of such institutionalized process. The research was aimed at understanding social and individual subjective productions during the users' process of institutionalization and to find effective ways to help them emerge as subjects of their life. The field work for the research study was carried out uninterrupted over 36 months, which made it possible to create affective relationships with users and professionals of the service. This was an important condition for creating the social space within which the research could be realized (Goulart, 2013).

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subjective configuration as its unit. In this way, subjective development represents a way in which to overcome absolute criteria as the basis to label people within standardized and universal stages.

The research followed the principles of a constructive–interpretative methodology, based on the Qualitative Epistemology (González Rey, 1997, 2005), which conceptualizes the field work as a dialogical process that implies, from the very beginning, the construction of meanings by the researcher. Such meaning construction is based on the quality of the participants' expressions and not on their direct and intentional expression. The research is defined as a theoretical process oriented to produce theoretical models of intelligibility on the studied phenomenon. The researcher integrates a dynamic network of relationships and activities with the participants.

Sebastiao was 37 years old at the time the research began. He was diagnosed with schizophrenia and had been assisted by a Community Psychosocial Centre in Brazil for seven years. His case study was chosen in order to make explicit this qualitative research standpoint and to demonstrate important theoretical issues arisen on the basis of this research experience.

The conversational sessions we had with Sebastiao were an important device in our dialogical approach. The researcher worked with Sebastiao in different contexts, within which different topics emerged and unpredictable situations occurred, allowing Sebastiao to generate different reflections and actions within his life, which were very relevant to the study. We will discuss some fragments, taken from our conversation with Sebastiao as well as from activities that the researcher shared with him during the research process. During an informal conversation we had, he said:

> Since I've started having those problems I have... of schizophrenia... I realized I needed treatment. So, I stopped everything I was doing to focus on my treatment, to get well soon. I think that's the way, isn't it? Firstly, one has to be well, to achieve good health conditions; only afterwards can one go out to do other things, such as work and leisure...

It is interesting how he convinced himself that he was not capable 'to do other things' before achieving 'good health conditions'. That is, at this moment, he felt that his treatment must be at the center of his life and that nothing else can be part of his daily routine. This position revealed indirectly the dominant institutional orientation addressed to the gap between treatment and social integration of service users, the gap between the so-called 'cure' and the subjective condition in which the users face the challenges of their lives within society. Besides this, during a conversation in a group session, Sebastiao said:

> The thing that bothers me most of all is when someone who does not know me looks at me and says, 'You're fine, you don't have anything'. How can they say that? I don't have this disease because I want it ... No one knows how I am, just the psychiatrist...

In this second extract, the centrality of the psychiatrist to his own knowledge about himself is evident. In assuming this position, the 'mental illness' seemed to be understood as an object of the other's

technical knowledge. That is, he did not acknowledge the relevance of his own actions in the course of his development.

The impact of the limitations of the mental health assistance given to Sebastiao also appears indirectly in Sebastiao's next statement: 'I get the job, I do the job properly. But suddenly, out of nowhere, man, I get discouraged, so I just walk away and leave. I resign! But that's because of these mental illness problems that I have'.

Sebastiao assumed his inability to work was due to his 'mental illness'. In this sense, he seems to be a prisoner of a situation in which he could do very little, centering his life on the 'illness' and not vice versa. We think that this expression indicates the existence of subjective productions that are beyond what was conscious to him, such as the production of subjective senses related to insecurity, devaluation of himself and fear, which can, in turn, be consequences of the lack of social bonds – a process which was intensified by the reification of his 'mental illness'. The ignorance of the complexity of the subjective configurations of Sebastiao's mental distress is one of the reasons that prevented the implementation of differentiated therapeutic actions which were addressed to his subjective development processes instead of to the elimination of symptoms.

In order to advance this hypothesis in process on how the institutionalization is subjectively organized in the mental health service, it would be necessary to expand on other theoretical constructions based on different case studies. Nevertheless, due to the intelligible articulation of singular processes, such as Sebastiao's, it becomes possible to address aspects of the social subjectivity of the institution that go beyond the individual dimension.

Clearly, the biomedical model that focuses on symptoms, as discussed by Canguilhem (2012), Foucault (1978) and Cooper (1967), prevails in the institutionalization framework discussed above. This logic conceives of 'mental disorder' as a deviation from an idealized general norm and treats it as an individual phenomenon, to the detriment of its subjective, social, and cultural dimensions. Consequently, together with the users' emotional fragility and lack of social bonds, an institutional configuration that associates mental disorder with social exclusion arises and crystallizes. Thereby, this situation generates an institutional vacuum that precludes the individual from developing a sense of citizenship, leaving him/her in a situation of marked vulnerability.

Hence, we have discussed that the challenges posed by this reality demand that mental health services (1) design institutional strategies that lie beyond the official discourse and the formality of public policy, and (2) have new theoretical perspectives to reflect on. In this sense, we have been advancing the theoretical articulation between education, mental health and subjective development through a theoretical proposition of subjectivity from a cultural-historical approach (González Rey, 2002, 2012, 2015).

In order to briefly present these ideas, we would like, firstly, to introduce some general theoretical discussions related to the topic of subjectivity within the cultural-historical standpoint, which demands a brief discussion of Soviet psychology. Secondly, we will present ideas to construct these articulations between education, mental health and subjective development in the mental health care context in Brazil.

Subject and subjectivity from a cultural-historical standpoint: deinstitutionalization beyond social ideals

Soviet psychology represents a broad heterogeneous movement, but its different trends had some principles in common, allowing it to be defined as a cultural-historical psychology (González Rey, 2011a, 2014a). Nevertheless, several deep contradictions among these trends also existed, but have not been studied in depth by Western and Russian psychologists until very recently (González Rey, 2014a). In general, Soviet psychology was largely influenced by the dramatic political and historical changes which characterized the Soviet era.

One of the most important theoretical contributions of Rubinstein's and Vygotsky's work was the transit from an element-based representation of psyche (such as traces and isolated psychological functions) to a representation based on principles in process and psychological units. For instance, Rubinstein (1964) elaborates the principle of the unity between consciousness and activity. For him, consciousness is already there in practice, and practice is an expression of consciousness. The problem is that neither of them clearly defined how consciousness is organized as a subjective system. Therefore, the presence of consciousness in activity within this theoretical standpoint has never been clarified.

Vygotsky discussed the notion of psychological units as living concepts, in a permanent process, making an important contribution to the topic of mental development, as Bozhovich (2009) argues. A very good example of that is the concept of *perezhivanie*, which expresses the unit that emerges as the dialectical expression of personality whenever facing a social influence. According to this concept, there is no external social influence apart from the person's personality (Vygotsky, 1994). Vygotsky highlights the generative character of the psyche, in which emotions play an essential role (González Rey, 2011a, 2014a, 2014b).

Nevertheless, Vygotsky's pioneering idea of units as part of a psychological system was never successfully developed by him. As A. A. Leontiev (1992, p. 43) explains, due to political and historical conditions, as well as to his premature death, the development of the idea of consciousness as a system of senses was never concretized. With the concept of *perezhivanie*, for example, Vygotsky did not make explicit how *perezhivanie* could be an expression of a subject's performance capable of integrating the current network of experiences, within which this performance takes place, with historical experiences that emerge during this performance.

Despite the advances of that psychology in recognizing the cultural genesis of human psychological processes, as a matter of fact, it did not advance toward a new ontological definition of the qualitative level of functioning of social and psychological processes in human beings under the conditions of culture. This challenge has returned the topic of subjectivity to relevance in terms of understanding a specific side of any human phenomenon, whether social or individual. The neglect of such topics, not only in the cultural-historical standpoint, but in psychology and social sciences in general, has led to a social reductionism, characterized by certain 'correct political positions' to be assumed.

Inspired by these overlooked theoretical contributions of Soviet psychology, González Rey advanced the conceptual construction of subjectivity from a cultural-historical standpoint, proposing a new ontological definition for the study of human processes (González Rey, 2003, 2007, 2009, 2011a, 2012, 2014a, 2014b, 2015). These works represent a step forward in the topic of motivation and subjectivity within this theoretical framework. González Rey's proposition integrates Vygotsky's idea to overcome the fragmentary approach to the study of psychological functions and, at the same time, it provides an opportunity to advance an ontological definition that was not clear in Vygotsky's concept of psychological unit. As González Rey stated: `Subjectivity represents those symbolic-emotional processes (subjective senses) and formations (subjective configurations), which get generative capacity through human living experience permitting the emergence of individuals, groups and institutions as subjects of human practices` (González Rey, in press).

Therefore, subjectivity is not a reflection of a given objective order, nor is it determined by external conditions, but by a symbolical-emotional production living these conditions. For this reason, it is very difficult to explain situations of mental distress traditionally associated with 'mental illness' based only on social conditions.

Within the history of the cultural-historical approach, another very inspiring concept for González Rey's theorization was Vygotsky's concept of *sense* which, according to Vygotsky, '(…) is the aggregate of all the psychological facts that arise in our consciousness as a result of the word. Sense is a dynamic, fluid, and complex formation which has several zones that vary in their stability' (Vygotsky, 1987, p. 276). Inspired by this definition, González Rey elaborated the concept of *subjective sense*, which represents the living system of actions as a subjective production, a 'unity embodied in dynamics and recursive relationships between emotions and symbolic processes within which one emerges as a result of the other without being its cause' (González Rey, 2003, p. 113).

Subjective senses are in every single action, in multiple ways, constituting *subjective configurations* of various types in different moments of the human performance. Therefore, *subjective configurations* represent a concept that expresses the integration of history and the present in a current experience, in such a way that these temporal dimensions appear as subjective senses at the present time. Also, *subjective configurations* integrate dimensions traditionally dichotomized, such as social/individual and external/internal. In this sense, as González Rey (2011a) argued, this concept embodies the metaphorical unity between consciousness and activity enunciated by Rubinstein.

A *subjective configuration* represents a relatively stable psychological formation that allows us to understand how the person's world and history are central elements of the ongoing experience. This stability should not be identified with a static organization, because it expresses itself by the congruence of a continuous flux of subjective senses generated by the configuration, but this congruence can be broken at any moment during the configured action; therefore, such stability expresses the resistance of the current dominant configuration to change.

Because of its flexibility, subjective configuration is a theoretical resource that helps us to articulate some dimensions of life that are artificially separated because of their formal differences, such as education, mental health and subjective development. Therefore, the concept of subjective configuration allows the promotion of different levels of understanding to institutional processes around mental health care, which might be useful in overcoming some difficulties regarding the deinstitutionalization process.

The theoretical position of considering individual subjectivity as an inseparable part of the process of deinstitutionalization in mental health care allows greater understanding of how these social processes are articulated at the level of the subject. Consequently, it allows further theorization about how the individual subject's position can create disruptions in the imposed social norms which, by the force of the pathway they open, can creatively reconfigure new possibilities for social subjectivity. Therefore, individuals are not considered as epiphenomena of social forces, such as the results of the effects of power, but as crucial moments of social experience.

In this sense, socially developed processes only perform a transformative role when they are subjectively singularized and are able to change the individuals who constitute this social space. Also, this is what allows us to understand the study of a specific mental health service as a constituent unit of a complex social organization that transcends it. Such is the cross-disciplinary and flexible character that is expressed by the heuristic value of the category subjectivity within this theoretical framework.

Hegemonic notions of mental health, education and human development

In the scope of our research studies related to the articulation of mental health, education and human development (Goulart, 2015; González Rey, Mitjáns Martinez, Rossato & Goulart, in press), we noticed that these dimensions are usually designed as fragmented because of their dominant and narrow representations, rather than their unity being considered as part of a subjective system. Specifically from the cultural-historical standpoint, we could say that mental health care was not even an object of research for historical reasons. Among the few works in psychotherapy from a cultural-historical standpoint (Holzman & Mendez, 2003; González Rey, 2007, 2012; Portes & Salas, 2011), there is a lack of publications addressing the educative and developmental processes, which overcome clinical semiology.

Education, in turn, has been thought of mainly from the perspective of assimilation of content and behavioral adjustments, rather than through the optic of the subjects who actively take part in their own educative processes. Therefore, education was directly linked with certain scholarly processes, and research in the educational field has not been contributing to some very problematic issues of social reality, such as mental health care. Education, in fact, has been confounded with instruction.

According to hegemonic standpoints, human development is not considered as a complex and systemic process. Burman (1994) says that the dominant Developmental Psychology has been studied through

normative descriptions, which have slipped into naturalized prescriptions, as viewed through biological and evolutionary lenses.
However, if we conceive of both educational and mental health practices as processes that emphasize the quality of subjective development (González Rey, 2003, 2007, 2011b), it is fundamental to associate these practices in the various contexts where human development takes place. In this sense, considering the plasticity and mobility of the symbolic in relation to the emotional processes seems a powerful theoretical step in articulating different social contexts, not through the lenses of their formal functions, but through the quality of experiences of the people involved in these contexts. Subjectivity represents one attempt oriented to this goal. This could help mental health services to overcome the fragmentary and individualized perspective that is still dominant in mental health care.

Education, mental health and subjective development: new pathways in the cultural-historical standpoint

Through the theoretical proposition of subjectivity within a cultural-historical approach, mental health care cannot be conceived of as a process having an inherent value, occurring outside the network of cultural-historical experience, because it cannot be disconnected from its consequences for the concrete life of the user. In fact, mental health care can only be considered to have achieved a therapeutic condition when it promotes changes that will help the user to develop alternatives to suffering and subjective paralysis.

Discussing the articulation between health, psychotherapy and subjectivity, González Rey (2007, 2011b, 2012, 2015) argues that therapeutic actions within this theoretical framework do not emphasize the representation of conflict, but the creation of dialogical relationships which can foster the production of new subjective senses related to overcoming the subjective conflict. The psychotherapist's knowledge does not provide any direct answers according to the categorization of the service user's mental disorder. It is only a therapeutic tool when it is able to provide strategies that could promote educational processes that aim to build collective practices that will enhance subjective development, thereby providing different possibilities for social change.

Education is defined here as a system of actions addressed toward the subjective development of individuals and social groups. The ground on which these actions take place is the dialogical communications between the educator and the individual/group, as well as between the participants in the process (González Rey, Mitjáns Martinez, Rossato & Goulart, in press). In this scenario, the field of education would contribute by promoting institutional changes and fostering reflections on possible institutional practices geared to the subject's social engagement and its creative character. Therefore, an experience is considered educative only when it triggers new reflections, emotions, and reactions among the participants in the process (González Rey, 2009). Education as such is very absent in social institutions, such as schools, hospitals, health care services and prisons (González Rey, Mitjáns Martinez, Rossato & Goulart, in press).

Subjective development, in turn, represents a way to overcome unilateral and absolute criteria of standardized children/people within

universal stages without overlooking the uniqueness of this process, the dialectics between individual and social and the active role of the subject. As we argued elsewhere (González Rey, Mitjáns Martinez & Goulart, in press), subjective development results from different subjective configurations interwoven within different social networks from which actions emerge:

> One subjective configuration is a driving force of subjective development when it includes the development of new subjective resources that allows the individual to make relevant changes in the course of a performance, relations or other significant lived experiences leading to changes that define new subjective resources (González Rey, Mitjáns Martinez, Rossato & Goulart, in press, p. 30).

The subjective configurations on which the development of subjectivity takes place include changes in individual performances and positions that also lead to changes in different social spheres. Through this process, individuals or social groups become subjects of their actions by being capable of assuming positions, and of taking decisions and actions that open new pathways within the normative social system (González Rey, 2002, 2012, 2014a). In this sense, the subject emerges as a living agency, either social or individual, that actively generates new subjective senses during the action – a process that renders it possible to overcome any type of subjective or social determinism. Based on this perspective, the idea that there are positive and negative conditions of development which are independent of individuals and their relationships should be discarded once and for all (González Rey, Mitjáns Martinez, Rossato & Goulart, in press).

Again, Sebastiao's process is useful in order to discuss a subjective development process. One of the greatest difficulties he had was to overcome his isolated routine. He used to keep himself in his bedroom the whole day, except when he was at the Community Psychosocial Centre. In order to address this situation, as a first approximation, he was invited by one of the service workers to participate in the 'Football Group' once a week. Although Sebastiao had never played football before, he accepted the challenge. After roughly a month, he said in a group conversation:

> The football match is good because nobody is better than anybody else. We go there, we run, we win, we lose (laughs) and it's okay. Our problems seem to disappear. I like people there so much.

From this statement, it is possible to appreciate the relevance of the individual's insertion into new social spaces, within which he/she can develop relationships and actions on his or her own within a complete different atmosphere from the dominant one in the mental health service. Probably for the first time, he was taking part in a group activity without feeling worse than or inferior to the others. This physical activity unfolded into new subjective senses related to self-worth through the feeling of being welcomed by a group. Evidence of this is that he spontaneously began to take occasional walks in his neighbourhood. Then he started to do it more regularly and to walk longer distances, in

places where before he had felt uncomfortable or even terrified. After a couple of weeks, he said:

> Now I'm not walking only three times a week, but every day! By the way, there are some days when I walk twice: in the morning and at the end of the afternoon. And sometimes I go very far from home! I go out, I feel the sun, I see people on the streets. I get more excited! (…) And another thing that has changed my life is that I'm taking a shower every day. I used to take a shower twice a week. There were weeks when I didn't shower… and now I do it every day. If I walk twice a day, I take two showers! I'm getting better… I didn't use to shave myself, or brush my teeth. Today, I do it every day (laughs)!

Sebastiao's situation illustrates the first moment in a process of subjective development, not due to the type of activity he was practicing, let alone its frequency, but because the process represented a rupture within his social isolation and his feelings of fear, sadness and lack of confidence. These feelings, along with the lack of social bounds, constituted the basis for his situation of distress. Through the process, Sebastiao was able to begin a chain of different actions related to social engagement, which were not restricted to the specific and isolated sphere of his life, such as hearing voices, doing physical exercises or finding a job. Those actions were grounded in the emergence of a new subjective configuration involved in his active position as a subject, in such a way that he became able, at least partially, to overcome his psychiatric institutionalization.

The constructive-interpretative research, based on the Qualitative Epistemology, was the result of the demands raised by the definition of subjectivity assumed in this paper. The research, as briefly demonstrated previously, is a way to produce knowledge, but, at the same time, is a process within which the participants become active agents of new life pathways, in such a way that the research becomes also an important psychological and educational set of relationships and activities.

The creation of new social spaces within which the person can be integrated is an important condition for the transit from a patient identity to a citizen identity. Moreover, the dialogical condition of mental health care is a crucial aspect in overcoming the objectualization and hierarchical aspect which frequently characterize the relationship between service users and workers. Based on this perspective, the challenge is not only to overcome a specific institutionalized structure, such as the asylum, but to promote institutional conditions and social devices so that individuals and social groups are invited to cultivate critical and creative skills from their own subjective resources. To foster this contradictory process demands educational actions based on an ethics of the subject, which implies a complex approach to the endless and dynamic movement between institutionalization and deinstitutionalization.

Final Remarks

This paper has addressed, based on a qualitative research study within a Community Mental Health Centre in Brazil, the professional actions of

community-based mental health services in Brazil, which are seen not as the only possibility for constructing a mental health network, but as a sensitive sphere in which to discuss deadlocks and critical strategies in order to expand the practices around deinstitutionalization.

In such an endeavor, the theoretical and practical challenge of advancing educational actions towards subjective development has heuristic value for understanding mental health as a living process, beyond hermetic diagnostic entities. Moreover, such theoretical articulation could enhance professional actions which emphasize the creation of dialogical relations capable of supporting individuals and groups to actively position themselves as subjects in their life pathways.

Therefore, the aim was to question the social and theoretical resources currently available and to reflect upon alternatives yet to be created. We think that such creative effort could help the overcoming of practices focused on solving specific problems, as well as the fragmentation of knowledge and practices around mental health care, enhancing practices which do not detach mental health, culture and society.

References

Amarante, P. (1995). *Loucos pela vida: a trajetória da reforma psiquiátrica no Brasil* [Mad at life: the trajectory of psychiatric reform in Brazil]. Rio de Janeiro, RJ: Panorama ENSP.

Arnkil, T. E., & Seikkula, J. (2015). Developing dialogicity in relational practices: reflecting on experiences from open dialogues. *Australian and New Zealand Journal of Family Therapy*, 36, 142-154. DOI: 10.1002/anzf.1009

Basaglia, F. (1980). *A psiquiatria alternativa: Contra o pessimismo da razão, o otimismo da prática* [The alternative psychiatry: Against the pessimism of reason, the optimism of practice]. São Paulo, SP: Brasil Debates.

Basaglia, F. (1985). As instituições da violência. [Institutions of violence]. In: F. Basaglia (Ed.), *A Instituição Negada: relato de um hospital psiquiátrico.* [The denied institution: report of a psychiatric hospital]. 3 ed. (H. Jahn, trad.). (pp. 34-72). Rio de Janeiro, RJ: Edições Graal.

Bozhovich, L. I (2009). The Social situation of Child Development. *Journal of Russian and East European Psychology*, 47, (4), 59-86. DOI: 10.2753/RPO1061-0405470403

Burman, E. (1994) *Deconstructing Developmental Psychology*. London, UK: Routledge.

Canguilhem, G. (2012). *Writings on Medicine*. New York, NY: Fordham University Press.

Cooper, D. (1967). *Psychiatry and Anti-Psychiatry*. London, UK: Tavistock Publications Limited.

Dimenstein, M. (2013). La reforma psiquiátrica y el modelo de atención psicosocial em Brasil: en busca de cuidados continuados e integrados em salud mental [Psychiatric reform and the psychosocial care model in Brazil: looking for long-term and integrated care in mental health]. *CS (Cali)*, 11: 43-71. DOI: http://dx.doi.org/10.18046/recs.i11.1566

Foucault, M. (1978). *História da loucura*. [History of madness]. (J. T. Coelho Netto, trad). São Paulo, SP: Perspectiva.

González Rey, F. (1997). *Epistemología Cualitativa y Subjetividad*. [Qualitative Epistemology and Subjectivity]. São Paulo: Educ.

González Rey, F. (2002). *Sujeto y Subjetividad: Una aproximación histórico-cultural* [Subject and subjectivity: a cultural-historical approach]. México, DF: Thomson.

González Rey, F. (2005). *Pesquisa qualitativa e subjetividade: os processos de construção da informação*. [Qualitative research and subjectivity: the processes of construction of information]. (2a. Ed.). São Paulo: Cengage Learning.

González Rey, F. (2007). *Psicoterapia, subjetividade e pós-modernidade: uma aproximação histórico-cultural*. [Psychotherapy, subjectivity and post modernity: a cultural-historical approach]. São Paulo, SP: Pioneira Thomson Learning.

González Rey, F. (2009). Historical relevance of Vygotsky´s work: Its significance for a new approach to the problem of subjectivity in psychology. *Outlines: Critical Practice Studies* 11, 59-73. Retrieved from http://ojs.statsbiblioteket.dk/index.php/outlines/article/view/2589/2248.

González Rey, F. (2011a). A Re-examination of Defining Moments in Vygotsky's Work and Their Implications for His Continuing Legacy. *Mind, culture and activity*. 18, 257-275. DOI: 10.1080/10749030903338517.
González Rey, F. (2011b). *Subjetividade e saúde: superando a clínica da patologia* [Subjectivity and health: overcoming the clinic of pathology]. São Paulo, SP: Cortez.
González Rey, F. (2012). Sentidos subjetivos, lenguaje y sujeto: avanzando en una perspectiva postracionalista en psicoterapia [Subjective senses, language and subject: advances in a post-rationalist perspective on psychotherapy]. *Rivista di psichiatria* [Journal of Psychiatry], 46(5-6), 310-314. Retrieved from http://www.rivistadipsichiatria.it/r.php?v=1009&a=10978&l=14979&f=allegati/01009_2011_05/fulltext/8-Gonzalez%20Rey(310-314).pdf
González Rey, F. (2014a). Advancing further the history of soviet psychology: moving forward from dominant representations in Western and Soviet Psychology. *History of Psychology*, 17(1), 60-78. DOI: http://dx.doi.org/10.1037/a0035565
González Rey, F. (2014b). Human Motivation in Question: Discussing Emotions, Motives and Subjectivity from a Cultural-Historical Standpoint. *Journal for the Theory of Social Behavior*, 45(3)1-18 DOI: 10.1111/jtsb.12073
González Rey, F. (2015). A new path for the discussion of Social Representations: Advancing the topic of subjectivity from a cultural-historical standpoint. *Theory and Psychology*, 25(4):494-512. DOI: 10.1177/0959354315587783.
González Rey, F. (in press) Advancing on the topics of the social and subjectivity from a cultural-historical approach: moments, paths and contradictions. *Journal of the Theoretical and Philosophical Psychology.*
González Rey, F., Mitjáns Martinez, A., Rossato, M. & Goulart, D. M. (In press). The relevance of subjective configurations for discussing human development. In: M. Fleer, F. González Rey, & A. Mitjáns Martinez. (Eds.), *Cultural-historical perspectives on Emotions: Advancing the concepts of perezhivanie and subjectivity*. Cambridge: Springer.
Goulart, D. M. (2013). Institucionalização, subjetividade e desenvolvimento humano: abrindo caminhos entre educação e saúde mental. [Institutionalization, Subjectivity and Human Development: Opening New Paths between Education and Mental Health] Masters diss., University of Brasília. Retrieved from http://repositorio.unb.br/handle/10482/14958.
Goulart, D. M. (2015). Clínica, subjetividade e educação: uma integração teórica alternativa para forjar uma ética do sujeito no campo da saúde mental [Clinic, subjectivity and education: an alternative theoretical integration to fostar na ethics of the subject]. In: F. González Rey, & J. Bizerril (Eds.), *Saúde, cultura e subjetividade: uma referência interdisciplinar* [Health, culture and subjectivity: an interdisciplinar standpoin] (pp. 34-57). Brasília, DF: UniCEUB.
Goulart, D. M. (2016). The psychiatrization of human practices worldwide: discussing new chains and cages, *Pedagogy, Culture & Society*. Advance online publication. DOI: 10.1080/14681366.2016.1160673
Holzman, L. & Mendez, R. (Eds.). (2003). *Psychological investigations: a clinician's guide to social therapy*. New York, NY: Brunner-Routledge
Leontiev, A. A. (1992). Ecce Homo. Methodological problems of the activity theoretical approach. *Multidisciplinary Newsletter for Activity Theory*, 11/12, 41–44.
Mills, C. (2014). Decolonizing Global Mental Health: the psychiatrization of the majority world. London and New York: Routledge.
Moeller, M. L. (1999). History, concept and position of self-help groups in Germany. *Group Analysis*, 32 (2): 181–194. DOI:10.1177/05333169922076653.
Portes, P. & Salas, S. (2011). *Vygotsky in 21st Century Society: Advances in Cultural Historical Theory and Praxis with Non-dominant Communities*. New York, NY: Peter Lang.
Rotelli, F. (1994). Superando o manicômio: o circuito psiquiátrico de Trieste. [Overcoming the hospice: the psychiatric circuit of Trieste]. In: P. Amarante (Ed.). *Psiquiatria Social e Reforma Psiquiátrica.* [Social Psychiatry and Psychiatric Reform]. Rio de Janeiro, RJ: Editora FIOCRUZ, p. 149-170.
Ramon, S., Healy, B., & Renouf, N. (2007). Recovery from mental illness as an emergent concept and practice in Australia and the UK. *International Journal of Social Psychiatry,* 53 (2): 108-22. DOI:10.1177/0020764006075018
Rubinstein, S. L. (1964). *El desarrollo de la psicología. Principios y métodos* [The development of psychology: Principles and methods]. Havana, Cuba: Editora del Consejo Nacional de Universidades.
Vygotsky, L. S. (1987). Thinking and speech. In: R. Rieber, & A. Carton (Eds.), *The collected works of L. S. Vygotsky. Vol. 1* (pp. 43–287). New York, NY: Plenum.

Vygotsky, L. S. (1994). The problem of the environment. In: R. Van Der Veer, & J. Valsiner (Eds.), *The Vygotsky Reader* (pp. 338–354). Oxford, UK: Blackwell.