Annual Review of Critical Psychology
2024, Vol. 18, pp. 448-460

Care in psychology and social subjectivity: Representations, practices, and possibilities

Amanda Maria de Albuquerque Vaz, Valéria Deusdará Mori & Luciana de Oliveira Campolina

Abstract
Taking the Theory of Subjectivity and its critical-propositional, cultural-historical and complex perspective as a standpoint, this paper aims to discuss two different ways in which Psychology represents and practices care: as (re)directing and as treating people, both justified as intending to do what is "best" for them. We highlight how these representations and actions related to them match the dominant social subjectivity's homogenizing, standardizing and pathologizing movement towards people, as well as its correction technologies. Overall, we discuss care in Psychology as the representation of a space of existential fabric and, therefore, as a necessarily ethical-political endeavor.

Keywords
care, Psychology, psychologists, subjectivity, dialogic

González Rey's Theory of Subjectivity, from a critical-propositional, cultural-historical and complex standpoint (Goulart et al., 2021; Mitjáns Martínez, 2022; Vaz & Mori, 2023), looks at subjectivity as the ontological foundation of the human, and thinks of it as a complex system whose distinctive quality is to integrate the emotional and the symbolic in the conditions of culture (González Rey & Mitjáns Martínez, 2017). This necessarily demands discussing what is meant by culture in this perspective. In the words of González Rey (2017), "Culture is a symbolic system within which various human practices and normative systems foster life for the persons who share one particular culture" (p. 182). The verb "to foster" has several definitions, which gain meaning depending on the context they are in. Among these meanings, we have "to create" and "to nurture." When discussing culture, we understand that both of them have heuristic value, whether in more literal and concrete forms, or in more metaphorical and abstract ones. Taking this into account, it is our understanding that using the Theory of Subjectivity as a resource for representing and giving meaning to human processes in the various fields of human experience in which

the study of the Theory of Subjectivity has been developed, necessarily requires that one thinks about culture in the ways in which, in this system, people jointly produce ways of creating and nurturing life for each other; that is, in the ways in which care is a recursive condition of culture itself. We believe that reflecting on care within the scope of the Theory of Subjectivity is one of the most crucial breakthroughs yet to be set in motion from this/in this perspective.

In this sense, as we understand care as a dimension of culture, we also understand it as a subjective production, since, in the Theory of Subjectivity, culture itself is seen this way:

"Subjectivity configures cultural acts and processes per se; that is, culture is a subjectively produced system. Only the generative quality of subjectivity keeps the culture alive and determines the existence of a recursive process through which each of those acts and processes is intrinsic to the development of the other. This living process is impossible to capture in any static definition of culture as something given objectively" (González Rey, 2016, p. 11). Therefore, what we propose when thinking about care in this sense is to discuss it without approaching it from any *a priori*, universal, external, direct, linear and univocal cause-and-effect perspectives, but as being socially and historically organized. Nonetheless, this does not mean understanding care as devoid of an objective character, but reflecting on this character as subjectively constituted, insofar as "(...) individuals exist for a shorter time than the duration of cultural development. Therefore, each human generation is born within a well-established cultural world that creates the illusion of culture as being an objective world" (González Rey, 2017, p. 182).

We highlight that recognizing this objective character of care does not imply thinking of it as homogeneous, precisely because it is configured subjectively. In each generation of people – and several generations cohabit in each given historical moment of a society (González Rey, 2017) –, different paths of subjective conformation of care are and will be outlined, as each person, group and institution will subjectively produce different ways of living it.

Having made these considerations, for the purposes of this work, we discuss care by focusing our reflection on the social dimension of subjectivity. Nonetheless, we wish to reinforce that, in the Theory of Subjectivity, as subjectivity configures a new quality of process in its emotional-symbolic integration, it is simultaneously individual and social. Therefore, the emphasis on social subjectivity is not organized here as a dichotomy, but as a reflection prism to think about macro dimension processes that are a part of care. In this way, it is fundamental to include the theoretical category "social subjectivity," which we use in our considerations. However, to do so, we understand that it is better to first present the theoretical categories "subjective sense" and "subjective configuration," given that they are the ones that, when articulated, represent and signify the subjective processes.

In the Theory of Subjectivity, subjective sense is the most basic, elementary, and dynamic unit of subjectivity (González Rey & Mitjáns Martínez, 2017). In their genesis, emotions become symbolic and the symbolic becomes emotional, creating, in this union, and without establishing a linear and direct

relationship of cause and effect, the subjective nature of the experience (González Rey, 2005, 2015). Subjective senses emerge in every human experience, arising well beyond intentionality and consciousness, and they take shape in different forms amid different actions (Mitjáns Martínez & González Rey, 2017).

The subjective configuration, in turn, represents a stable formation of subjective senses whose aggregating principle is their high convergence (Mitjáns Martínez & González Rey, 2017). This stability does not mean that subjective senses and subjective configurations lose their dynamic attribute, or that specific subjective senses can only conform to a single subjective configuration, or even that only identical subjective senses are articulated. It means that, in the subjective configuration, by virtue of the convergence that leads to its organization, even if they are reorganized, certain subjective senses carry, in relation to one another, great importance in the subjective processes.

Therefore, when thinking about care in terms of its subjective conformation in social subjectivity, we are thinking about care in terms of its complex, dynamic, and procedural organization in the concrete history of a society in its culture. This organization occurs between subjective senses that converge with each other, and between subjective configurations thus formed – and due to the relationship of these senses and these configurations with what is experienced as care in different fields of experience, relationships and moments of people, groups, and institutions. That is, we are thinking about care, in its subjective conformation, in "(...) an integrated system of subjective configurations (in group and individually) that are articulated at different levels of social life" (González Rey, 1997, p. 133), which is precisely social subjectivity. As a matter of fact, this is one of the great values of the Theory of Subjectivity: to represent and signify human processes, and to advance theoretically in this direction, by allowing the articulation of what was experienced in its diversity and complexity in a configurational logic (Mori, 2020, 2021). Thus, social subjectivity involves the ways in which discourses, social representations, myths, beliefs, morals, ideology, language, symbols are subjectivized, as well as social productions that outline a culture in a given time of a society, such as religions, race, gender, constructions about childhood, old age, health and illness, among others (González Rey & Mitjáns Martínez, 2017), such as care itself.

In the next section, we turn our attention to what is called dominant social subjectivity (González Rey & Mitjáns Martínez, 2017), as well as to the type of psychology that, in our understanding, simultaneously supports it and is supported by it: mainstream psychology (De Vos, 2012; Parker, 2007, 2020). It is our understanding that the relationships that they maintain with each other have managed care representations and care practices of Psychology as (re)direction and treatment based on doing what is believed to be "best" for people; therefore, it is crucial that we detail these relationships.

Dominant social subjectivity, mainstream psychology and care

When discussing social subjectivity, it is always important to situate which sphere of analysis one is talking about. We emphasize that social subjectivity is characterized as a level of subjectivity by the distinctive quality of its processes, and not because it refers to a certain *a priori* scale of people sharing a specific culture. It is possible to think of social subjectivity, for example, when talking about a family, a group, an institution in its entirety, different groups within an institution, a group of institutions, a country or different groups within a country. It is even possible to speak of the social subjectivity of a continent or of the world, considering both the globalization processes and their impact on local cultures (Latour, 2017/2020a) and the cultural sharing promoted by the interweaving of digital devices and the Internet to existence and to life (Segata & Rifiotis, 2021). It is also possible to think of social subjectivity by discussing the interactive and recursive articulation of different social subjectivities configuring each other. In this case, when thinking about a subjective social conformation that involves several subjective social conformations in a complex relationship, it is reasonable to discuss the theoretical category "dominant social subjectivity" It designates, in the Theory of Subjectivity, a social subjectivity that comes to exert certain hegemony, due to its stability and strength, in the configuration of a configuration of social subjectivities. In a way, even when talking about the social subjectivity of a family, a group, an institution, etc., and even if the sphere of analysis is smaller when compared to a situation in which one talks about the configuration of a configuration of social subjectivities, this sphere of analysis is always liable to be referred to in relation to broader spheres of social subjectivity and, thus, of a certain dominant social subjectivity.

With that in mind, we clarify and emphasize that the dominant social subjectivity that we refer to in this work concerns a very broad, global sphere of analysis, whose domain was established in recursive feeding to mainstream psychology. We historically situate this dominant social subjectivity and mainstream psychology in social, cultural, economic, political, ideological, and institutional outlines organized from the 18th and 19th centuries (Danziger, 1997; Figueiredo, 1992/2017), primarily in the West, but whose presence, contemporarily, can be found all over the world. As discussed by two of us in a previous work (Vaz & Mori, 2022), this dominant social subjectivity notably derives from the establishment of the big four: science-technique-industry-economy (Morin, 2007/2011), in its links with governmentality and the inscription of subjectivity that both demand of Psychology (Foucault, 1991; Rose, 1998). It also has to do with the ways in which the processes of globalization and the digitalization/virtualization of existence and life have promoted and expanded both the psychologization of the human, engendered by mainstream psychology, and the spectacularization of the psychological and the psychologized (Vaz & Mori, 2022).

It is possible to argue that mainstream psychology concerns only one type of psychology, which questions why we choose to speak of Psychology as a whole when discussing it, taking into consideration that many other psychologies

were woven, even in order to confront it, overcome it and dethrone its hegemony. However, what we defend is that mainstream psychology, much more than a type of psychology, and due to the strength and stability that its relations with the dominant social subjectivity confer it, organizes itself as a privileged way to do Psychology, to the extent that what we call Psychology turns out to be, always, the subjective production of the people who dedicate themselves to it (Mitjáns Martínez & González Rey, 2017). In this way, even the psychologies that aimed and aim to combat mainstream psychology, in many regards, ended up and end up identical or similar to it (González Rey, 2007; Neubern, 2004), precisely because of how present it is in the subjective constitution of people, groups, institutions and culture itself.

In articulation with the dominant social subjectivity, mainstream psychology comes to represent and produce care in Psychology as aimed at planning and executing psychological interventions on people and their trajectories – in the most diverse ways and in all fields of existence. It does so because it understands that the focus of Psychology is, par excellence, the universal, static, hermetic individual, which, in this perspective, is solitarily responsible and accountable for themselves and for their path. In mainstream psychology, Psychology is likely to predict and control individuals as a neutral and objective undertaking detached from history and culture. In this way, the care of Psychology as a necessarily interventionist practice focuses on individual and "social" (a psychologized social, taken as a mere agglomeration of individuals) "well-being," "quality of life" and "health" (absence of disease). Here, well-being, quality of life and health are taken as the alignment and framing of people to the world "as it is"; that is, they are taken as the alignment and framing of people to the culture related to the dominant social subjectivity, experienced as given and unchangeable (as we previously discussed when considering the subjectively produced experience of culture to be "objective," as if this objectivity meant that there is a single reality, consistently identical to itself, in spite of us and what we produce).

As operators of Psychology care as an interventionist practice, dominant social subjectivity and mainstream psychology generate two different types of subjectivity technologies (Rose, 1998), which are complementary: those of (re)direction and those of treatment. The first aim of diagnosing people is to put them on the "right path," attainable by the adoption of prescriptions and interdictions made by Psychology. The second aim, in turn, is to diagnose people to "cure" them, also through prescriptions and interdictions, so it is likely they can eventually be put on the "right path." Initially, the (re)directive and treatment interventions were configured subjectively from the need to separate the good, the proper, the right, the sacred, the pure, the normal, the moral, the civilized, the healthy and the sane from the evil, the bad, the wrong, the profane, the filthy, the abnormal, the immoral, the savage/barbaric, the sick and the crazy. They assume these molds based on modern dichotomous values constituted through institutions that organize existence, such as the law, the State, family, work, and religion (Bauman, 1997; Foucault, 1961/2010). As new and different processes were historically organized, new (re)directive and treatment interventions were

also engendered. They are based on the strength and stability of productivity, success, happiness (Birman, 2010; Cabanas & Illouz, 2019), resilience and later antifragility, positivity (Freire Filho, 2010), authenticity (Figueiredo, 1992/2017) and self-realization (Rose, 1998) as intrinsic capacities everyone has, and which work in the same manner for everyone (you simply must want it), acquired in the conformation of dominant social subjectivity and mainstream psychology in postmodernity.

These two groups – modern and postmodern (re)directive and treatment interventions – are not mutually exclusive, quite the contrary. These tight historical divisions are merely a theoretical resource to represent and signify reality (Delumeau, 1984/2007; Latour, 2010/2020b), especially considering what we already pointed out in relation to the heterogeneity of culture and the coexistence of different generations and different subjective productions in the same historical period. Thus, modern and postmodern (re)directive and treatment interventions coexist, interact and relate in the ways in which they are subjectively configured in people, groups, institutions and culture. They benefit enormously from the epistemological silence of Psychology (González Rey, 2013) and its consequent favoring of an ethical-political void (Figueiredo, 2004/2015) in the subjective conformation of care in this science and profession.

Care as an existential fabric

Based on what has been said, in this section, we look at care differently. The perspective from which we see it in this work, when thinking of it as the ways jointly and recursively produced by people to create and nurture life for each other at the level of culture, involves looking at it as an existential fabric. This means understanding care as a relational space in which paths and places to exist not only are organized but organize themselves – even though these paths and places, frequently and contradictorily, come to generate and/or aggravate subjective suffering, both on an individual level and on a social one. In the case of Psychology, this reflection demands that we problematize the ways in which people, groups, institutions, and culture itself suffer from favoring the terms of subjectivation engendered by the dominant social subjectivity and by mainstream psychology. Therefore, this reflection also necessarily incurs in questioning the ways in which people, groups, institutions, and culture itself suffer due to the directions and stances of care that constitute human processes through prescription and interdiction (Figueiredo, 2007), as the psychological interventions of (re)direction and treatment.

In our understanding, this happens, partly, due to the very definition of care as a psychological intervention, in which care comes to be understood and experienced by psychologists as the application of *a priori* and external knowledge to the other. This definition allows for the professional performance to organize itself as a technical and instantaneous action upon the other, which was prefabricated for them. Thus, the relationship with the other is hierarchical, and it is based on the premise that they need psychologists and Psychology to

guide and change them (Mori, 2019). This keeps the other in a position of passivity, dependence, and subjection, and configures the omnipotence and immediacy that we believe to define Psychology historically and contemporaneously.

From the perspective of the Theory of Subjectivity, care as a psychological intervention loses its heuristic and action value due to the generative, self-generating and multiply constituted and constitutive character of subjectivity in its dynamism, process and recursiveness. In this way, the knowledge of psychologists about the other can only take shape precisely from the relationship with this other, as well as the specific quality of this relationship (Vaz & Mori, 2023). Knowledge that is prior and external to them but present in their conformation does not appear as an *a priori* determination of what the other is and needs, as some sort of "copy and paste." This knowledge, which psychologists possess due to their concrete trajectories, their studying, their experience, their paths, and places to exist, emerges as a tool to represent and give meaning to what is developed in the relationship and to the other's subjective processes. It helps psychologists move forward in two ways. The first of these is in the understanding of what unfolds in the relational "in between," so that this knowledge is not configured, therefore, as an applied knowledge, but as a continuously organized knowledge in the experienced and reflective path of psychologists regarding the relationship and the subjective processes of the other. The second way relates to authorial production, by the psychologists, of their action, a movement that involves creativity and creation in their positioning in their relationship with the other – and not only through the alterity that arises from being with this concrete other, but with the alterity that also emerges in the relationship of each psychologist with themselves (Figueiredo, 2004/2015).

Thus, in the Theory of Subjectivity, psychologists are not seen as interveners in the subjective processes of the other, but as facilitators (González Rey et al., 2016) – and as facilitators of the emergence of new subjective senses and of new and/or different subjective processes (González Rey, 2007, 2011a). Psychologists are seen, then, as facilitators of the subjective production, by the other, of new ways and places to exist. That is, psychologists are understood as facilitators for the other to subjectively produce their own existential fabric, their own care, with the implications, responsibilities and consequences that arise from this process. Therefore, the other takes on an active, autonomous, and leading role. In this perspective, psychologists do not care for the other by intervening on their behalf, by univocally directing them to the "right path," or by prescribing and interdicting. They take care of the other in two ways. The first one involves seeking to facilitate the configuration of their relationship with the other as a dialogical space (González Rey, 2005; Mori, 2020, 2021), as a significantly distinguished communication space in which, due to the subjective engagement of the people involved, the spontaneous, the unexpected, the unpredictable, the uncontrollable, the contradictory, the experimentation and the reflection process appear, and, alongside them, the possibility of emergence of new subjective senses and of new and/or different subjective processes. The second way, in turn, involves psychologists seeking to sustain, in the other's time and for as long as

the other takes, their mobilizations and movements, as well as their advances and "setbacks" – which are crucial for advances.

In this sense, we emphasize that when the understanding of care as a psychological intervention no longer stands, the same will happen to the understanding that the mere offer, by psychologists, of what they understand and experience as care does not necessarily mean that the other who seeks care is being cared for. We highlight that there is a very significant difference between making ourselves available, as psychologists, to care for the other, and between this other subjectively living the experience of being cared for by us. When we are willing to take care of the other, the forms and postures that we call care are thus taken by us from ourselves, in a way that our actions towards those who seek to be cared for are related to how we subjectively configure care, and to what we offer from that. Secondly, the forms and postures are taken as care not only by us, but also and mainly by the other, and from the ways in which, alongside them, we subjectively configure this relationship.

In this perspective, it is our understanding that care as an existential fabric demands both the willingness to care for the other and the continuous openness and restlessness to understand what it is that this other experiences as care, with the aim of shaping professional action in a way that is sensitive to the uniqueness of their processes (Vaz & Mori, 2023). We also understand that it is the recursive interlocution between such disposition, and such continuous openness and restlessness, which makes care necessarily ethical-political. This interlocution demands that we question, as psychologists, which postures we will adopt, how these postures will take place, and at the service of what, who, and what paths and places to exist. These questions permeate us in our trajectories as care professionals, also based on how we subjectively configure our stories and life projects, our culture and our citizenship. Thus, care commands us to constantly dedicate ourselves to understanding and taking responsibility for our own subjective processes, as well as the subjective processes of our culture, given that it is from them that we are willing not only to care for the other, but also to become sensitive to the other in their subjective processes.

Taking all this into account, finally, we argue that care as an existential fabric still requires reflection on the representations through which Psychology has given meaning to human processes in three areas: a) in the participation of the other in them, which we extensively discuss in this work; b) in the "rivalry" of preponderance, in the subjective conformation of care, between past, present and future, and c) in the logic of directing care to certain human processes to the detriment of others.

With regard to the participation of the other in human processes, when care is experienced as an existential fabric, it is necessary to re-dimension ideas such as introjection (González Rey, 2004) of care, in which the ways we are cared for speak, in an univocal and privileged manner, of the ways through which we will take care of other. We understand that, yes, they come to participate in the subjective configuration of care, but that, when considering it in its complex nature, this level of prediction and determination is necessarily put in check - because care, as a subjective production, configures itself conjointly and

recursively to the culture and the experience in its multiplicity. This also involves pointing out that, even in the face of the strength and stability of the dominant social subjectivity and of mainstream psychology in favoring the subjectivation of care as a (re)direction and treatment intervention, the emergence of differentiated care representations and practices does not become impossible, quite the contrary. If the other as a caregiver does not predict or determine who we will be as caregivers, then the dominant social subjectivity and mainstream psychology, as other with a broader dimension, cannot do this either. It is from this that alternatives arise, in relation to the hegemonic ones, in the scope of care. We also emphasize that the other that we talk about in this work is always a concrete other, socially and historically configured, be it a person, a group and/or an institution. Just as we do with care, we do with the other, stripping them of any *a priori*, universal, external, direct, linear and of univocal cause-and-effect perspectives. We also consider that care as an existential fabric (able to produce subjective processes of new and different qualities, as well as able to produce life alternatives and protagonism) can only happen when the other is experienced as a truly other: as someone different and, therefore, free in relation to what we are and what is ours as psychologists. Difference is the foundation of the dialogic and dialogue and, therefore, of the care we are talking about in this work.

In turn, the fight implemented by Psychology between past, present and future in the subjective conformation of care also loses its value – because, in the Theory of Subjectivity, the past and the future are integrated in the current subjective production, configuring a subjective temporality (González Rey & Mitjáns Martínez, 2017). This means recognizing that care as a subjective process, both in its historical dimension and in what is dreamed, fantasized, and projected as its future, is configured and configures itself in the procedural course of the current moment of people, groups, institutions and culture. Again, this is where alternatives are produced, in ways of caring, in relation to the dominant configuration.

Finally, we turn to the logic of separating human processes (González Rey, 2011b) and directing care to some of them to the detriment of others. This dynamic loses its heuristic and action value, along with the notion of psychological intervention, as we abandon the understanding that care happens magically from actions, on the part of psychologists, focused on human processes according to the division that Psychology created for them. Care does not magically happen because psychological interventions are directed to cognition, affection, thinking, feeling, language, behavior, development, learning, creativity, etc. We understand that it is people, groups, and institutions that should be cared for, and that proposing ourselves to take care of them involves recognizing them in the emotional-symbolic integration of their experience, and in its entirety. When care is fixed as a "function" of certain human processes to the detriment of others, care ends up incurring the same logic of psychological intervention, since this separation of human processes partly underlies the importance that the application has in this sphere.

References

Birman, J. (2010). Muitas felicidades? O imperativo de ser feliz na contemporaneidade [A whole bunch of “happinesses”? The contemporary imperative of being happy]. In J. Freire Filho (Ed.), *Ser feliz hoje: reflexões sobre o imperativo da felicidade [Being happy nowadays: reflections on the imperative of happiness]* (pp. 27-47). FGV.

Bauman, Z. (1997). *Post modernity and its discontents*. Polity Press.

Cabanas, E., & Illouz, E. (2019). *Manufacturing happy citizens: how the science and industry of happiness control our lives.* Polity Press.

Danziger, K. (1997). *Naming the mind: how Psychology found its language.* Sage.

Delumeau, J. (2007). *A civilização do Renascimento [The civilization of Renaissance*]. (P. E. Duarte, Trans.). Edições 70. (Original work published 1984)

De Vos, J. (2012). *Psychologisation in times of globalisation: concepts for critical psychology*. Routledge.

Figueiredo, L. C. M. (2007). A metapsicologia do cuidado [A metapsychology of care]. *Psychê, 11*(21), 13-30. Retrieved from http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1415-11382007000200002&lng=pt&tlng=pt

Figueiredo, L. C. M. (2015). *Revisitando as psicologias: da epistemologia à ética das práticas e discursos psicológicos [Revisiting psychologies: from epistemology to the ethics of psychological practices and speeches]* (8th ed.). Vozes. (Original work published 2004)

Figueiredo, L. C. M. (2017). *A invenção do psicológico: quatro séculos de subjetivação (1500-1900) [The invention of the psychological: four centuries of subjectivation (1550-1900)]* (9th ed.). Escuta. (Original work published 1992)

Foucault, M. (1991). Governmentality. In G. Burchell, C. Gordon, & M. Peter (Eds.), *The Foucault effect: studies in governmentality with two lectures by and an interview with Michel Foucault* (pp. 87-104). The University of Chicago Press.

Foucault, M. (2010). *História da loucura [History of madness]*. (J. T. C. Netto, Trans.; 9th ed.). Perspectiva. (Original work published 1961)

Freire Filho, J. (2010). A felicidade na era de sua reprodutibilidade científica: construindo "pessoas cronicamente felizes" [Happiness in the age of its scientifical reproducibility: manufacturing “cronically happy people”. In J. Freire Filho (Ed.), *Ser feliz hoje: reflexões sobre o imperativo da felicidade [Being happy nowadays: reflections on the imperative of happiness]* (pp. 49-82). FGV.

González Rey, F. (1997). *Epistemología Cualitativa y subjetividad [Qualitative Epistemology and subjectivity]*. EDUC.

González Rey, F. (2004). O sujeito, a subjetividade e o outro na dialética complexa do desenvolvimento humano [Subject, subjectivity and the other in the complex dialetic of human development]. In L. M. Simão, & A. Mitjáns Martínez (Eds.), *O outro no desenvolvimento humano [The other in human development]* (pp 1-27). Pioneira Thomson Learning.

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

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

González Rey, F. (2011a). *Subjetividade e saúde: superando a clínica da patologia [Subjectivity and health: past a clinic of the pathological]*. Cortez.

González Rey, F. (2011b). *Pesquisa qualitativa em Psicologia: caminhos e desafios [Qualitative research in Psychology: paths and challenges]*. Cengage Learning.

González Rey, F. (2013). O que oculta o silêncio epistemológico da Psicologia? [What does Psychology's epistemological silence hide?]. *Pesquisas e Práticas Psicossociais, 8*(1), 20-34. Retrieved from https://ufsj.edu.br/portal2-repositorio/File/revistalapip/Volume8_n1/PPP_Art__2.pdf

González Rey, F. (2015). A saúde na trama complexa da cultura, das instituições e da subjetividade [Health in the complex weaving of culture, institutions, and subjectivity]. In F. González Rey, & J. Bizerril (Eds.), *Saúde, cultura e subjetividade: uma referência interdisciplinar [Health, culture and subjectivity: an interdisciplinary reference]* (pp. 9-33). UniCEUB.

González Rey, F. (2016). Advancing the topics of social reality, culture, and subjectivity from a cultural-historical standpoint: moments, paths, and contradictions. *Journal of Theoretical and Philosophical Psychology*, *36*(3), 175-189. https://doi.org/10.1037/teo0000045

González Rey, F. (2017). Advances in subjectivity from a cultural-historical perspective: unfolding and consequences for cultural studies today. In M. Fleer, F. González Rey, & N. Veresov (Eds.), *Perezhivanie, emotions and subjectivity: advancing Vygostsky's legacy* (pp. 173-193). Springer.

González Rey, F., Goulart, D. M., & Bezerra, M. S. (2016). Ação profissional e subjetividade: para além do conceito de intervenção profissional em Psicologia [Professional action and subjectivity: past the concept of professional intervention in Psychology]. *Educação, 39*(4), 55-65. https://doi.org/10.15448/1981-2582.2016.s.24379

González Rey, F., & Mitjáns Martínez, A. (2017). *Subjetividade: teoria, epistemologia e método [Subjectivity: theory, epistemology and method]*. Alínea.

Goulart, D. M., Mitjáns Martínez, A., & Adams, M. (2021). Theory of Subjectivity within cultural-historical perspective: presenting González's Rey legacy. In D. M. Goulart, A. Mitjáns Martínez, & M. Adams (Eds.), *Theory of Subjectivity from a cultural-historical standpoint: González's Rey legacy* (pp. 1-16). Springer.

Latour, B. (2020a). *Onde aterrar? Como se orientar politicamente no Antropoceno [Where to land? How to orient yourself politically in the Anthropocene]* (M. Vieira, Trans.). Bazar do Tempo. (Original work published 2017)

Latour, B. (2020b). *Cogitamus: seis cartas sobre as humanidades científicas [Cogitamus: six letters on scientific humanities]* (2nd ed.). Editora 34. (Original work published 2010)

Mitjáns Martínez, A. (2022). A obra de Fernando González Rey: gênese, desenvolvimento e desafios atuais [Fernando González Rey's work: genesis, development and current challenges]. In A. Mitjáns Martínez, M. C. V. R. Tacca, & R. Valdés Puentes (Eds.), *Teoria da Subjetividade como perspectiva crítica: desenvolvimento, implicações e desafios atuais [Theory of Subjectivity as a critical perspective: development, implications and current challenges]* (pp. 30-65). Alínea.

Mitjáns Martínez, A., & González Rey, F. (2017). *Psicologia, educação e aprendizagem escolar: avançando na contribuição da leitura cultural-histórica [Psychology, education and school learning: advancing on a cultural-historical contribution]*. Cortez.

Mori, V. D. (2019). A psicoterapia na perspectiva da Teoria da Subjetividade: a pesquisa e a prática como processos que se constituem mutuamente [Psychotherapy from Theory of Subjectivity's perspective: research and practice as mutually organized processes]. In A. Mitjáns Martínez, F. González Rey, & R. Valdés Puentes (Eds.), *Epistemologia Qualitativa e Teoria da Subjetividade: discussões sobre educação e saúde* [*Qualitative Epistemology and Theory of Subjectivity: discussions on education and health*] (pp. 183-201). EDUFU. Retrieved from http://www.edufu.ufu.br/sites/edufu.ufu.br/files/ebook_epistemologia_qualitativa_2019.pdf

Mori, V. D. (2020). Reflection on the value of the Theory of Subjectivity to signify the practice of psychotherapy. *Studies in Psychology, 41*(1), 182-202. https://doi.org/10.1080/02109395.2019.1710987

Mori, V. D. (2021). Reflections on the challenges of psychotherapy and the processes of social subjectivity. In D. M. Goulart, A. Mitjáns Martínez, & M. Adams (Eds.), *Theory of Subjectivity from a cultural-historical standpoint: González's Rey legacy* (pp. 245-256). Springer.

Morin, E. (2011). *Rumo ao abismo? Ensaio sobre o destino da humanidade [On route to the abyss? Lecture on the fate of humanity]* (E. A. Carvalho, Trans.). Bertrand Brasil. (Original work published 2007)

Neubern, M. S. (2004). *Complexidade e psicologia clínica: desafios epistemológicos [Complexity and clinical psychology: epistemological challenges]*. Plano.

Parker, I. (2007). *Revolution in psychology: alienation to emancipation*. Pluto Press.

Parker, I. (2020). *Psychology through critical auto-ethnography: academic discipline, professional practice, and reflexive history*. Routledge.

Rose, N. (1998). *Inventing our selves: psychology, power, and personhood*. Cambridge University Press.

Segata, J., & Rifiotis, T. (2021). Digitalização e dataficação da vida [Digitalization and datafication of life]. *Civitas Revista de Ciências Sociais, 21*(2), 186-192. https://doi.org/10.15448/1984-7289.2021.2.40987

Vaz, A. M. A., & Mori, V. D. (2022). Configurações subjetivas da psicoterapia em sua divulgação no Instagram: reflexões sobre a atuação do psicoterapeuta [Subjective configurations of psychotherapy in its advertisement on Instagram: thoughts on psychotherapists' professional action]. *New Trends in Qualitative Research*, *15*, e759. https://doi.org/10.36367/ntqr.15.2022.e759

Vaz, A. M. A., & Mori, V. D. (2023). Research in psychotherapy and Theory of Subjectivity: care as its foundation. *Paidéia (Ribeirão Preto), 33*, e3331. https://doi.org/10.1590/1982-4327e3331

Amanda Maria de Albuquerque Vaz has completed her Master's in Psychology at the University Center of Brasília, Federal District, Brazil, the same institution in which she is now a Professor, teaching classes for the Psychology undergraduate course. Her research focuses on subjectivity, care, psychotherapy, training in Psychology and ethical-practical implications of psychological knowledge and action. She also investigates contemporary subjectivation modes with emphasis on the virtualization of life and existence and on the psychopolitics of the burnout society. Email: amandavaz08@gmail.com

Valéria Deusdará Mori has a PhD in Psychology and is a Professor in the undergraduate course and in the Master's Program of Psychology at the University Center of Brasília, Federal District, Brazil. She undertakes research on subjectivity, psychotherapy, health, and human development. She is the leader of the research group "Health, Education and Subjectivity in Academic Education". Email: morivaleria@gmail.com

Luciana de Oliveira Campolina has a PhD in Education and is both the Coordinator and a Professor in the undergraduate course of Psychology at the University Center of Brasília, Federal District, Brazil. She is also a Professor in the Psychology Master's Program of the same institution. She develops research on subjectivity in a cultural-historical perspective, learning and innovation. She is a member of ANPEPP's Work Group "Subjectivity: Teaching, Learning, Development". Email: campolina.luciana@gmail.com