Chapter 16
Studying Subjectivity in Mental Health Services: Education, Subjective Development and the Ethics of the Subject

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Abstract This chapter discusses the relevance of the theory of subjectivity for simultaneously advancing research and professional practices in mental health care. The context of such a discussion is the emerging challenges of the Brazilian psychiatric reform. Based on the constructive-interpretive methodology, this discussion is underpinned by the results of original research addressing the professional team of a Brazilian community mental health service. The researcher participated in several daily activities of the service, which allowed the creation of an authentic bond with the professionals. Dialogue is discussed as a key device for the epistemological and methodological frameworks that sustain this approach. It implies the creation of relational spaces in which individuals emerge as active agents, expressing themselves through speech, gestures and postures in a subjectively engaged way. In this perspective, theoretical construction is simultaneous with the therapeutic process, both being grounded on an ethics of the subject as well as oriented towards the articulation of mental health, education and subjective development. Theory is a process in permanent development, which feeds and is fed by new domains of practices.

16.1 Introduction

This chapter discusses the relevance of the theory of subjectivity for simultaneously advancing research and professional practices in mental health care. Dialogue is discussed as a key device for the epistemological and methodological frameworks that sustain this approach (González Rey 1997, 2003, 2005; González Rey and Mitjáns Martínez 2017b, 2018). The context in which such discussion is presented concerns the emerging challenges of the Brazilian psychiatric reform. Drawing on empirical findings from original research undertaken in a Brazilian community mental health

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service, this chapter focuses on the work with the professional team and emphasizes the articulation between mental health, education and subjective development.

The psychiatric reform movement began in Brazil in the 1970s and was formalized as a reference for the National Mental Health Policy in 2001 (Lancetti 2012). Inspired by various deinstitutionalization movements within mental health care around the world (see Cooper 1967; Foucault 1961/2009; Szasz 1960), especially by the Italian Democratic Psychiatry (see Basaglia 1985), the Brazilian psychiatric reform has set itself against dominant psychiatry and the very existence of traditional mental hospitals. In such a process, work focused on the multiple ways of relating to service users, according to their concrete forms of life, was emphasized.

In this context, Psychosocial Care Centers (CAPS) constitute the main strategy of the Brazilian psychiatric reform, being defined as community mental health services that should substitute mental hospitals. These services aim at moving mental health care out of the hospital towards the existential territory of service users. The different types of CAPS vary according to their physical structure, the diversity of the activities offered, the number of professionals and the specificity of the demand (Brazil 2004).

Despite the various advancements in Brazilian mental health care after the formalization of the National Mental Health Policy in 2001 (see Pande and Amarante 2011; Pitta 2011), several difficulties and challenges remain in this context today. In previous papers, we emphasized the new institutionalization phenomenon, understood as an expression of the "mental hospital model" in community mental health services (Goulart 2013, 2016, 2017; Goulart and González Rey 2016). The new institutionalization phenomenon represents the maintenance of unilateral, hierarchical and crystallized relationships between service workers and service users. It is an institutional subjective configuration that cultivates the focus on the notion of "mental illness", understood as an objective reality to be defeated.

The new institutionalization phenomenon refers to subtle forms of symbolic violence, which operate, despite the frequent good intentions of service workers, by the permanent association between mental disorder and social exclusion (Goulart and González Rey 2016). This picture is expressed by the lack of dialogical spaces, which could favour processes of subjective development of service users, who often end up being placed as objects of professional intervention.

In this chapter, special emphasis is given to the relevance of the theory of subjectivity for advancing both research and professional practices within this context. In doing so, the notion of subjective development (see González Rey and Mitjáns Martínez 2017a) is taken as the main goal of mental health care, considering the individual at the centre, instead of standardized techniques, such as medication and universal forms of assessment. The ethics of the subject (González Rey 2011; Goulart and González Rey 2016; Goulart 2017) are presented as an essential value through which such a proposal obtains an important political value.

16.1.1 Implications of the Theory of Subjectivity for Mental Health Care

González Rey's theory of subjectivity (1997, 2003, 2007, 2011, 2014, 2015, 2016) is used in this study as a platform of thought to advance dominant practices and knowledge within the mental health care context. As discussed in the first chapter of this book (González Rey 2018), from this theoretical perspective, subjectivity, whether individual or social, is not a reflection of any given objective order, nor is it determined by external conditions, but represents a symbolic emotional production by living such conditions.

Such symbolic emotional units form a new qualitative phenomenon, the subjective phenomenon, allowing the traditional intrapsychic reductionism that has characterized individualistic approaches within the mental health field to be overcome. At the same time, it overcomes the social reductionism that has prevailed within some critical approaches, which have emphasized social symbolic constructions to the detriment of the individual dimension and its capacity for rupture and change.

The study of subjectivity is important, not only to offer another dimension of theoretical explanation of the new institutionalization phenomenon, but also to support new forms of diagnostics and professional practices oriented towards overcoming it. Such diagnostics and practices are based on the production of subjective senses and subjective configurations of individuals and social groups involved in this context. In this sense, they extrapolate the naturalized taxonomy of mental illness, as well as the centralization of medication and symptomatic control. At the same time, they shift the gaze from explicit intentions and formal delineations of public policy (González Rey 2007; Goulart and González Rey 2016; Goulart 2017).

As also discussed in the first chapter of this book (González Rey 2018), subjective senses appear through an endless and unconscious chain, within which one subjective sense articulates with others to form subjective configurations. In such a dynamic process, subjective configurations represent self-regulatory and generative formations, either individual or social, which, in turn, become a permanent source of subjective senses in ongoing human performances. Subjective configurations are not static; they synthetize the plurality of experiences of a singular history, as well as the multiple social contexts that are present in an individual's or social group's current experience.

Instead of mental illness, subjective configuration emerges from multiple subjective senses related to social and individual histories that are embedded in the current complex social networks within which individual and social life occurs. In this way, these concepts allow behaviours and symptoms, which have traditionally been engulfed by pathological labels, to be understood as subjective productions through which individuals and groups enter into a vicious circle of suffering, losing their capacities to generate alternatives to it.

From this theoretical perspective, mental disorder is conceived of as the "emergence of a type of subjective configuration that prevents the individual from producing alternative subjective senses that could allow him/her new options for life before

the rituals perpetuated by this configuration" (González Rey 2011, pp. 21–22, our translation from Portuguese). That does not mean reducing all dimensions of such a complex phenomenon to subjectivity, but emphasizing the subjective production embedded in living it. That implies understanding it as a singular process that can never be defined a priori. In this sense, there is no general a priori subjective configuration of "depression" or "schizophrenia", although they might have some common symptomatologic expressions.

Differently from subjectivism, subjective senses and subjective configurations are never detached from action (González Rey 2014). On the contrary, they represent the subjective nature of human action, being able to articulate dimensions of social life that are artificially separated because of their formal differences, such as mental health and education (González Rey et al. 2016; Goulart and González Rey 2016). A complex articulation between mental health and education is important for advancing practices within mental health care on the basis of individual and social subjective productions. In this sense, it is important for constructing a theoretical and political position with respect to the "de-pathologization of life".

16.1.2 Education, Subjective Development and Ethics of the Subject Within Mental Health Care

Differently from the traditional pedagogical perspective, which associates education with specific contents to be learned, cognitive functions and behavioural adjustment, from this theoretical perspective, education is understood as a dialogical process addressed towards subjective development in any relational context (González Rey and Mitjáns Martínez 2017a; González Rey et al. 2017). In this way, education is related to fostering the creation of new possibilities of life, through the opening of critical paths towards social change. The possibility of approaching those apparently distant spheres in the emergence of the same subjective production can shed light on new strategies that simultaneously advance the field of research and institutional practices.

Educational practices geared towards subjective development imply fostering possibilities of the emergence of subjects, both in daily institutional practices and within the diverse practices that define scientific research. From this point of view, the concept of subject refers to the momentary condition of an individual or a social group, in which it is possible to generate a singular chain of subjectification beyond established formal norms (González Rey 2003, 2007, 2014, 2016). Thus, being a subject is not an inherent attribute of an individual or of a social group, but a specific quality of that individual or group committed to their actions in a certain context. Such a concept is associated with reflexivity, which embodies a subjective configuration that is inseparable from the emergence of an active and differentiated development within a complex social fabric.

It is worth emphasizing that the emergence of the subject expresses the rupture not only with social norms, but also with processes of crystallization of his/her own individual subjective configurations, as in the cases of mental disorders. In these situations, the emergence of the subject would occur when the individual becomes able to create alternative spaces of subjectivation to the situation of suffering, actively positioning himself/herself in important dimensions of his/her life, generating different pathways of subjective development (Costa and Goulart 2015; González Rey 2007, 2012).

Also, as we have argued elsewhere (Goulart 2013; Goulart and González Rey 2016), the concept of subject within this theoretical reference has heuristic value for advancing reflections on the process of deinstitutionalization within mental health care, because it allows the generation of intelligibility about the singularization of broader social processes and their unfolding as different individual and social changes. While deinstitutionalization refers to the construction of new alternatives to institutional violence (Alverga, and Dimenstein 2006), aiming to produce different possibilities for individual and social development, such work should favour the emergence of the other as a subject of his/her own life.

In this process, professional practice and research should emphasize the promotion of individual and social subjective development. As argued elsewhere (González Rey 2012; González Rey et al. 2017), the notion of subjective development represents a way to overcome unilateral and absolute criteria, which tend to standardize people in universal stages. Subjective development is a singular and non-predictable process that implies the emergence of individuals and social groups as subjects and, therefore, the development of new subjective resources that impact different spheres of their lives. It is a process that results from the articulation of different subjective configurations, which are closely interwoven in both social spaces and individuals (González Rey and Mitjáns Martínez 2017a).

That means the establishment of an ethics of the subject (González Rey 2007, 2011; Goulart 2017) as a basis for mental health care and research, reversing the dominant logic in the context of the new institutionalization: instead of the service user being framed by the formalization of an a priori therapeutic setting, the therapeutic setting is what must be oriented towards the emergence of the other as a subject. Emphasizing such ethics of the subject demands primary consideration for the singularity of the other, who is seen as the permanent reference for research and practice, considering his/her constitutive historical, social and cultural dimensions.

16.1.3 Mental Health Services as Social Subjective Systems

Generating consistent theoretical models with the principles of this perspective implies addressing the complex subjective social processes that cross institutional dynamics in terms of the actions undertaken. Such a proposal seeks to overcome the dominant research and practices in mental health institutions that are oriented towards interventions focused on solving specific problems.

From this theoretical perspective, mental health services, such as the Brazilian CAPS, are understood as social subjective systems, within which various social subjective configurations are closely interwoven with each other through language, discourse, interactive practices and social representations. However, differently from some social constructionist approaches (see Gergen 1996), such understanding does not imply the neglect of the individual. Individual and social subjectivity, as discussed in the first chapter of this book, represents different reciprocal and inseparable dimensions of the same system; they are two sides of the same coin.

It is worth mentioning that social subjectivity operates by configuring different forms of institutionalization. In this sense, institutionalization as such is not a consequence of social subjectivity, but one of its central processes. There are no social spaces that do not function through different forms of institutionalization and, consequently, mechanisms of blocking certain expressions of individual subjectivity. This is precisely the dynamics of cultural processes, which if they act on the one hand as limiting individual experiences, on the other they are the subjective organizations that provide references for any social group within any historical practice.

However, at certain times, this process of blocking individual subjectivity becomes extreme, leading to the paralysis of its emergency possibilities. As there is no dynamics and renewal of social subjectivity without innovative productions of individual subjectivity, these extremes culminate in situations of crystallization of social subjectivity itself, resulting in the normalization and stagnation of its possibilities of change. Such situations often lead to naturalized institutional processes, within which object-based relations, as well as instrumental prescriptions and standardized procedures, emerge as central practices, to the detriment of the human beings to whom these practices are addressed. An example of this process is precisely what was previously discussed as the new institutionalization phenomenon in the Brazilian CAPS (Goulart 2013, 2017; Goulart and González Rey 2016).

This process should be accompanied and supported by research studies capable of generating consistent theoretical models with the principles of this perspective. The search is for the promotion of a logic of transformation, to the detriment of a logic based on mental illness and social exclusion. That is the theoretical demarcation upon which this chapter is inserted.

16.1.4 Case Study

Drawing on these ideas, the case study of a Brazilian CAPS professional team was part of a research project conducted between 2012 and 2016 in the Federal District of Brazil (Goulart 2013, 2017). The main objective of this research project was to elaborate a theoretical model that supported educational practices aimed at the subjective development of service users and of the service's professional team. In this chapter, we will emphasize precisely the work done with the professional team.

The professional team that participated in the research had seven psychologists, two social workers, three psychiatrists, two occupational therapists, two nurses, four

nursing assistants and five administrative assistants. In addition to these professionals, the service also operates with two clinicians, who provide weekly services there.

The research involved fieldwork based on qualitative epistemology and constructive-interpretive methodology (González Rey 2005; González Rey and Mitjáns Martínez 2018). During this process, the researcher[1] participated in several daily activities of the service, which allowed the creation of an affective bond with the professionals. The idea was to overcome instrumental perspectives of research, in which participants are seen as mere "data" providers, in order to constitute dialogic relations permeated by a type of bond that provokes its actors to take active and critical positions in the course of the conversational processes that characterize the research.

In the process, we highlight an especially important moment: the sessions organized to discuss the partial results of the research we were developing in the service. Instead of simply providing "feedback" sessions, in order to offer explanations and reflections based on the academic work carried out in the service, we tried, from the beginning, to coordinate meetings in which, rather than conclusive reflections, we emphasized ideas and fundamental questions that invited them to participate.

In the meetings, we at first proposed critical joint reflections about current challenges within the service, as well as about case studies developed throughout the research. The initial sessions were marked by defensive positions, resisting entering into dialogue about those issues. As we tried not to impose our view in those meetings, but to advance their understanding of the topics we were discussing, gradually we managed to create a conversational dynamic, fostering their spontaneous engagement in the sessions. At this point, one of the psychologists said:

> We still have this old vision still, right? "I have to take care of the patient", "the patient is mine". Sometimes the patient is shaped up by the way the professional is. This happens a lot. It's a change of mind and this is very difficult (Clara).

Clara's comment on critical aspects of their work, after those initial sessions marked by defensive positions, can be seen as an indicator of the generation of a social space of authenticity and subjective engagement in the discussion. This position generated tensions that contributed to the emergence of a reflexive dialogue. Regarding the content of her comment, the assumed condition of feeling that "the patient is mine", despite the good intentions that might underlie such a position, can be taken as an indicator of discredit for possibilities of the subjective development of the other, who is treated as an object to be monitored and conducted, therefore becoming a professional's responsibility.

The latter indicator is strengthened by an extract from a dialogue on the institutional discharge process that took place in a group session within the service between an occupational therapist and a service user:

> OT: We are here to talk about the treatment, but it's very important that you get active outside the CAPS to increase your autonomy. For instance, looking for activities in the

[1]The research was conducted by Daniel Magalhães Goulart and supervised by Fernando González Rey.

> community, sometimes in a primary care unit, in popular gyms, in churches, and even looking for strategies for you to get a job, some source of income… all this is very important for the CAPS discharge process.
>
> Júlio: But, then, when we are discharged from the CAPS, will we stop the medication and the psychiatric consultations?
>
> OT: No, when we talk about discharge, we refer to the discharge of other therapeutic activities, but psychiatric consultations continue and the medication is for the rest of your lives because the mental illness is chronic.

This brief dialogue, alongside the latter constructed indicator related to the discrediting of possibilities of the other's subjective development, can be seen as an indicator of the centrality of medication and of the notion of "mental illness" as a chronic condition in the institutional practices of the service. More than the chronicity of the so-called mental illness, the institutional resources to work with these cases also seem chronified in such a way, as previously mentioned, to chronify the other as a perpetual object of psychiatric intervention. These articulated indicators sustain the initial hypothesis of a dominant social subjective configuration within the service closely linked to the new institutionalization phenomenon (Goulart 2013, 2016), as previously presented in this chapter.

It is worth noting that, in this case, such a dominant social subjective configuration is articulated in explicit discourses focused on the relevance of autonomy and social rehabilitation. In this sense, discourses that are apparently divergent (autonomy/pathologization) converge in the crystallization of a social subjectivity that, although assuming new formal features in the studied CAPS, cultivates important characteristics of the traditional psychiatric hospitals.

As the meetings with the professional team evolved, the professionals themselves started to bring their experiences and cases too, in order to raise collaborative discussions for the service. Such a process reinforces the first constructed indicator of a social space of authenticity and subjective engagement that such meetings acquired, advancing the dialogue to different spheres of the institutional routine. An interesting dialogue between a nurse and a psychologist happened in one of these meetings:

> Auxiliadora: Sometimes I see this person we just mentioned, Sebastian. After the work done with him, I see a huge difference! He expresses a more confident posture, talking to us looking us in the eye, besides taking better care of himself… it's exciting! I really see that our work cannot just be inside here, we need to go into the community, to know what is going on there. So, I went to talk to some colleagues to suggest more community activities, because it makes a lot of difference!
>
> Fabiano: That's what I think we need to do in the service. We cannot have only these activities here within the institution, otherwise we become an asylum. That's why two groups that I helped to create were the football group and the "going out group". Both happen outside the CAPS.

Auxiliadora's speech is interesting for the singular aspects of Sebastian[2] that she emphasizes when evaluating how the service user is "different"—radically different

[2]Sebastian's case study has been discussed in a previous paper (Goulart and González Rey 2016).

from the frequent representation that "the patient is mine", as Clara pointed out. The emphasis given by her in this case may be taken as an indicator of her capacity to generate alternatives to the dominant social subjective configuration related to the new institutionalization phenomenon, by considering aspects that represent Sebastian's subjective development. Such emphasis goes beyond the symptoms of his so-called mental illness, extrapolating, therefore, to the focus on the control of the symptoms and the effects of medication.

In the previous dialogue, both Auxiliadora and Fernando not only clearly recognize the importance of generating alternatives to the new institutionalization phenomenon still present in the service, but they also express concrete initiatives that are directed at overcoming it. These processes appear as expressions of the existence of differentiated strategies in relation to the dominant social subjective configuration of the service. They also express the relevance of individual initiatives to generate social subjective alternatives to different forms of institutionalization. As previously discussed in this chapter, individual and social instances are inseparable dimensions of the same system: human subjectivity.

Such topics would probably not have been raised and discussed in this way if we, as a group, had not created the dialogical character that continued being permanently constructed throughout the meeting sessions. Still, a significant part of the discussions in the meetings focused on specific dimensions of the service agenda and on specific changes, to the detriment of broader strategic reflections. Thus, following the course of the construction, the following question was raised:

> Researcher: I have seen that, whenever you talk about changing the service, you stick to the agenda, to discuss the specific activities within the service. Hence, as time passes, such changes are the problem, in such a way that you discuss the agenda again. Aren't we dealing with a broader problem here? Aren't you going to fall into the same trap again?
>
> (Silence)
>
> Deise: That is so true! We take activity, put activity, change the day, but I think that's not the problem.
>
> Marília: What if we, before talking about the agenda, talked about the changes that are important in the CAPS for each one of us and only then we start proposing specific changes?

The proposed question operated as a provocation, in order to destabilize the focus on the agenda, as well as the pattern of communication the professional staff usually sustained. The responses to the question can be seen as an indicator that such a provocation, as opposed to bringing greater difficulty in communication at that time, supported the positioning of people who shared misgivings about how discussions mostly took place. In addition, this process favoured the emergence of new ideas, such as that expressed by the psychologist, Marília, to talk about what changes each person's thought of as important to bring greater quality to the institutional dynamics.

Subsequently, this provocation fostered an approach to sensitive ideas and themes in the interaction among professionals in the institutional daily life:

> Mara: One important thing is to see each one's commitment to what they do here. Because there are people who let trainees run the groups that they are responsible for. I find this very problematic and unethical.

Ina: I don't let it happen. They come, they participate, but I am responsible for the group. At most, they participate with me, but always under my guidance. I find it awful when these things happen too.

Marília: I think we need to talk things out here, directly, without hiding names and words. If we air our dirty laundry this way, we won't move forward!

It is important to note that this piece of dialogue occurred after the aforementioned provocation, when new themes and positions emerged in the discussion. This can be understood as an indicator that such provocation, at first, also led to subjective productions associated with exaltation, anger and awe. In this case, the unravelling of hidden conflicts within the dialogue was brought to light through new provocations delivered by the professionals themselves this time, bringing up sensitive and extremely important aspects of the institutional daily life, and generating visible discomfort among those present. Such a process expresses the unpredictability of the dialogue, which is permanently subjectively configured throughout the participants' actions. Far from being considered a linear and always comfortable process, the dialogue also implies the emergence of conflicts and contradictions as a dynamic result of the authentic emerging positions throughout the process.

The unravelling of conflicts and the provocations were not punctual and continued to occur after the meeting. Deise, a nurse who was temporarily in charge of the service, called me to talk about this:

Deise: Daniel, I'm calling you to help us think through and solve the situation that has settled here.

Researcher: What happened, Deise?

Deise: The weather turned bad after the meeting. We need to get back to normal. I think tempers were raised and there is a bad atmosphere in the team now.

Researcher: And what do think could help in this situation?

Deise: I think we need to think about a strategy now. (…) Can you help us to organize an activity?

Firstly, Deise's initiative to call me in order to think of some collective strategy for the team can be seen as an indicator that the dialogical process we were constructing as a group led not only to the emergence of conflicts and contradictions, but also to different strategies addressed towards dealing with the new demands the professional staff were facing. In this sense, as a group, we were producing new subjective resources through the process of generating new positions and forms of communication. Such a process, articulated with the previously elaborated indicators, brings us to an initial hypothesis about the service's subjective development based on the collectively constructed dialogical educational practices, which is an interesting expression of the indissoluble link between subjectivity and action (González Rey 2014, 2016).

Yet, it is worth pointing out that such an initiative to seek alternatives to the conflict is articulated with the objective of "returning to normal", as if the so-called normal represented any alternative to the difficulties being experienced. Such a process is

deeply articulated with the dominant social subjective configuration linked to the new institutionalization phenomenon, as previously hypothesized. In this regard, not only is the service users' subjective development neglected within such a dominant social subjective configuration, but also the possibilities of the professional team to develop subjectively are deeply discredited by the professionals themselves. In this way, such a position can be seen as an indicator that, within the service's still dominant subjective configuration, the crisis is represented as a necessarily negative process to be avoided. The behavioural "destabilization" is not only avoided at all costs in relation to the service users, but also at the core of the professional team itself. However, a pertinent question about this process is: Could it be possible to transform the social subjectivity of the service, marked by the crystallization of the new institutionalization, without any crisis? We do not think so.

The recognition of the value of the crisis implies avoiding "normal" meaning the annulment of the conflicts and contradictions. This is articulated with what is considered as dialogue in the theoretical perspective of subjectivity (González Rey 2016; González Rey and Mitjáns 2017b). The dialogue implies not only the consensus or absence of conflicts, but precisely the sustaining of a path of subjective development that tolerates the existing contradictions and differences in the positions of its actors. Such a process unfolds into different new positions that contribute to the development of the dialogue in depth and also to the development of the participants. The search, in this sense, is for the creation of subjective resources that support the coexistence of such conflicts, without necessarily culminating in the collapse of interpersonal relationships.

Thus, the work in a crisis situation should not be based on the search for a return to a state prior to the crisis itself, but precisely on the dynamics generated at the core of the experienced conflict, which can be supported to favour the service's subjective development. In this perspective, crisis in an organization is seen as a social subjective process, permeated by provocations of its actors, which stress relations and demand reciprocal, and subjectively engaged contradictory positions.

Without entering the minutiae of the work that was carried out with the team at that moment, a frank and face-to-face dialogue between the participants took place in the subsequent meetings. That brought a change in the tone of the discussions and the quality of the constructed dialogue. An example of this occurred in the discussion of changes in the university training process in the service—the same issue addressed during the conflict between professionals in the previous meeting:

> Marília: I think we could rethink the training process in the service. It has been a while since Gabriela and I created a protocol, but that was abandoned on the way. We can resume such discussion among all of us and generate a new document that guides both the service, the trainees and supervisors.
>
> Olivia: Very interesting… because it bothers me deeply when someone comes and stands there just watching a group I coordinate.
>
> Gabriela: Another thing is that I spend a lot of time with the trainees, organising exercises, supervision. I often work at home to give them feedback! And that is never institutionally recognized!

Clara: It would be so important because it is a recognition of the work that we do.

Mara: Absolutely. Talking like this, I think we can get a deal and can improve a lot.

This piece of dialogue, articulated with the hypothesis of an initial moment of the service's subjective development, can be understood as an indicator of an active integration geared towards a new institutional project among the professional staff based on the critical discussions that we started to construct together. In this sense, such discussions favoured the emergence of the professionals as subjects of their own practices, which is an important condition for the service's subjective development to evolve.

Dialogical educational practices, in this context, constitute an important subjective basis upon which individuals actively engage in a changing process that may end up transforming the dominant social subjectivity within any institution. That is, those "individual nuclei", when articulated together, may configure social subjects of an institutional change. That is why these dialogical educational practices should be based on an ethics of the subject, fostering the opening of paths of development within a social fabric, which culminate in alternative institutional projects to those that resulted in the normalization and narrowing of their possibilities of renewal. The unexpected subjective productions in this process, far from being considered problems to be overcome, are the raw material on which professional and research actions should be based.

16.1.5 Final Remarks

This chapter has discussed the heuristic value of the theory of subjectivity for advancing simultaneously professional practices and research in mental health care. The dialogical character of this theoretical proposal, as discussed in the second chapter of this book (González Rey and Mitjáns Martinez 2018), is itself an expression of the unity between research and professional actions or, in other words, the unity between theory and practice. Dialogue implies the creation of relational spaces in which individuals in dialogue emerge as active agents, expressing themselves through speech, gestures and postures. Theory is a process in permanent development, which feeds and is fed by new domains of practices.

Such a process implies that theory is not an a priori set of concepts to be applied to the empirical field, but a conceptual source to be creatively used. Theory, and therefore research itself, is a living process that is never detached from the subjective resources of researchers and participants. That is why its theoretical construction is not neutral, object-based or solely a cognitive operation.

This chapter has focused on the work with a professional team at a Brazilian CAPS and has emphasized the articulation between mental health, education and subjective development. In such a process, theoretical construction was simultaneous to the therapeutic process, both being oriented towards an ethics of the subject.

From this point of view, affirming an ethics of the subject does not mean denying rules, social parameters and institutional references, but recognizing them in order to favour the opening of new avenues of life. In fact, this is linked to a political position that is not that of a militancy for an ideal of a rigid and reified society, but which refers to openness towards non-stagnation of the permanent possibilities of change in social processes.

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