

## **Subjectivity and Constitution of the Subject in the Cultural-Historical Clinic: An Experience Report**

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# Субъективация и конституирование личности на основе культурно-исторической теории: анализ клинического случая

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**Abstract.** Cultural-Historical Psychology, developed by Lev S. Vygotsky, is a complex theory which responds to contemporary clinical needs, since it considers social relations and subjectivity as a historical process. This experience report aims to point out the clinical paths built and carried out with a patient from the Applied Psychology Service (APS) of a public university in the state of Ceará, during a Cultural-Historical psychotherapy process. All ethical procedures were followed and this study was based on a qualitative perspective in psychology, and also, case study was used as a methodological approach, considering that it allows greater detail and deepening about the studied object. From the studied case and the interventions carried out by the psychologist, changes were noticed in both the patient's subjective dynamics and his way of life, as a result of the psychotherapeutic mediation on the mentioned approach. Thus, the present article is among the few clinical

studies about Cultural-Historical Psychology, adding up to the greater promotion and production in this field.

**Keywords:** *Cultural-Historical Clinical Psychology; Cultural-Historical Psychology; subjectivity; Lev S. Vygotsky*

**Аннотация.** Культурно-историческая психология, основоположником которой является Л. С. Выготский, представляет собой сложную теорию, отвечающую современным потребностям клинической практики, поскольку рассматривает социальные отношения и субъектность в ходе культурно-исторического процесса. Анализ случая пациента Службы прикладной психологии (APS) Государственного университета Сеара (Бразилия), представленный в данной статье, демонстрирует клиническую работу в рамках психотерапии с позиций культурно-исторической теории. Качественный анализ предваряется методологическими рассуждениями, позволяющими глубже понять изучаемый объект. В результате оказанного психотерапевтического воздействия с применением подходов и методов культурно-исторической теории были отмечены изменения как в субъектной динамике пациента, так и в его образе жизни. Таким образом, одно из немногих клинических исследований с позиций культурно-исторической теории будет способствовать более активной работе в этом направлении.

**Ключевые слова:** *культурно-историческая клиническая психология; культурно-историческая психология; субъективизация; Л. С. Выготский*

## Introduction

Modernity imposes new horizons and new challenges for the constitution of social relations and, therefore, for the (re)structuring of subjectivity (Portela, 2008). Mészáros (2011) points out that, in view of the complexity of capital in new ways, social relations have been set aside and stiffened in relation to aspects of human genericity — those which define the humanization complex of man. For Portela (2008), thinking about new conditions of subjectivization is thinking about a new subject in contemporaneity, in which some notions such as intersubjectivity, dialogic and ecology must be considered.

Therefore, this paper discusses the clinic as a path for the subjective constitution of a new subject — crossed by contemporary historical and social influences. New arrangements demand new possibilities for reflection and application in psychology. Nunes, Fernandes and Gutierrez (2014) outline that the Cultural-Historical Psychology of Lev Vygotsky (1896–1934) is a theoretical system in psychology strong enough to handle the process of material and concrete life, given that it is based on dialectical and historical materialism by Karl Marx (1818–1883) and which keeps on interesting contemporary researchers, mainly due to its methodological rigor.

Despite the fact that Cultural-Historical Psychology has been silenced for a long time in Brazil and, therefore, not properly studied, some solid theoretical perspectives have been structured. But can Cultural-Historical Psychology be constituted as a clinical

theory? Vygotsky was also a clinician, although the Vygotskian clinical approach did not constitute a setting, such as psychotherapy nowadays. He developed studies on clinical paedology and defectology, in which he researched the development of children with developmental problems (Vygotsky, 1997). It was made up of a context of investigation and research about the human's various dimensions (Clarindo, 2020). Also, it is worth noting that Vygotsky dedicated himself to the study of other topics in the clinical field, such as schizophrenia, aphasia and hysteria (Silva & Tuleski, 2015).

This article defends Cultural-Historical Psychology as a theoretical system in psychology with clinical application and able to explain and deal with nuances of the psyche and subjectivity. In this scenario, the process of awareness is characterized as the central object of the clinic. Vygotsky (1929/2000) defined his theory as a "Height" Psychology, that is, the theory of consciousness — what is considered typically human.

Some studies (Almeida & Schühli, 2010; Clarindo, 2020; González-Rey, 2007; Lima & Carvalho, 2013; Marangoni, 2007) have already proposed a Cultural-Historical clinical understanding, and the development of new clinical studies is still necessary, considering a correct relationship between the theoretical-practical aspects (praxis) of the approach. It is urgent that current studies show how a Vygotskian psychotherapeutic process takes place, pointing out interventions and clinical management associated with the theoretical and methodological model.

To this end, the case study will be used as a methodological path in the present study, more specifically referring to a psychotherapeutic follow-up carried out with a patient from the teaching clinic of a public university in Ceará. We consider it opportune to start with reflections on the theoretical-methodological groundings which establishes the Cultural-Historical clinic.

## **Subjectivity and Cultural-Historical Clinic: Theoretical and Epistemological Foundations**

### **Historical Links on the Cultural-Historical Clinic: From the USSR to Contemporary Times**

Cultural-Historical Psychology is a current of thought brought up in the former Soviet Union by the soviet psychologist Lev Semenovich Vygotsky, together with some collaborators, especially Alexander Romanovich Luria and Alexei Nicolaevich Leontiev. This research group became known as Troika, whose leader was Vygotsky, and so all associates with this group accepted Vygotsky's theoretical leadership, applying his understandings and his postulates in their own research (Martins, Abrantes & Facci, 2016). Cultural-Historical Psychology emerges from Vygotsky's dissatisfaction with the hegemonic theoretical models at his time, sometimes directed towards reductionist and mechanical understandings (reflexology), other times towards eminently abstract and functionalist understandings (psychoanalysis and phenomenology); which was described by Vygotsky in his text *The Historical Meaning of the Crisis in Psychology: A Methodological Investigation* (Vygotsky, 2004).

Vygotsky's psychology also emerges as a response to the needs which came up with the establishment of the unified Soviet Union, or the Union of Soviet Socialist Republics (USSR), under the aegis of Marxist communism; therefore, demanding theoretical bases which take into account man, education and life in society from references linked with this new model of social relationship (Tuleski, 2008). Consequently, Vygotsky built a complex and complete theoretical system in psychology, which could not be subsumed into a single application area of psychology, like when Cultural-Historical Psychology is associated only with the field of education.

Note that Vygotsky conducted clinical intervention activities according to the model at his time, which focused on the problems of pedology and clinical psychopathology, as it can be found in some of his studies (Vygotsky, 1997, 2008a). However, according to what Tuleski (2008) points out, the studies about Cultural-Historical Psychology found certain problems in the Western countries: (a) a resistance to its acceptance because Vygotsky was accused of being a communist — during the 1960s and 1970s, Latin America was experiencing dictatorial governments, and any sign of Marxist theory was immediately rejected and persecuted; (b) a biased translation by the publishers in view of the repressive context previously mentioned — which is why a non-Marxist Vygotsky was made up.

In Brazil, the clinical field of Cultural-Historical Psychology had the contribution of a Cuban (but naturalized Brazilian) psychologist Fernando Luis González-Rey, whose studies brought important elements to think about the theme and have served as basis for clinical reflection on Vygotsky in contemporary times, especially regarding the concept of subjective configuration, which links several others, such as: way of life, meaning core, personal meaning, subjective meaning, etc. (González-Rey, 2007, 2011).

### **The Constitution of the Subject: Foundations for the Cultural-Historical Clinic**

Vygotsky elaborated his theory about the genesis and social nature of psychological processes, considering that man's subjectivation and individuation occur with his insertion in culture. Regarding the genesis and development of psychological processes, Vygotsky and Luria (1996) clarify that there are initial stages of the psyche which are translated into the expression of basic forms of behavior, such as instincts and reflexes. Vygotsky shows that conditioned reflexes give space to increasingly complex forms of behavior and, for the author, consciousness/self-awareness becomes "reflex of reflexes."

The main attribute which distinguishes man from other existing species is the capacity for mental representation. Such representation is defined as the subjective image of objective reality. Hence, subjectivity is the personal apprehension of the concrete conditions placed before humanity. Psychological processes are the basis for the establishment of mental representation, that is, of consciousness. In this sense, Vygotsky (1994) separates psychological processes into higher and lower psychological processes. The second ones are configured as the biological apparatus which the human being is born with, among them: mechanical memory, practical language, sensations, diffuse attention, etc. In short, all functions which have not been culturalized yet.

On the other hand, higher psychological processes are those developed as we interact with the world. They are mediated by culture and cannot be qualitatively identified with lower ones, as they are part of a network of abstraction and generalization favored by language (psychological signs).

For Vygotsky (1994), the constitution of subjectivity and human consciousness takes place in a movement from the interpsychological to the intrapsychological, which means that any human psychological function is primarily in the field of social relations, built in communication and contact with the other; and then it can constitute the subject's internal experience. This process of appropriation of interpsychological aspects is called internalization, what is external becomes internal. However, this relationship with the environment does not take place in a direct, but in a mediated way.

According to Vygotsky (2008b), at the age of 2 and a half or 3 years old, there is a moment when language crosses the genetic path of psychological functions, giving them the possibility of the word, a microcosm of human consciousness. This way, formerly inferior functions are replaced by superior forms of psychological functioning. As examples of these functions are: abstract and generalizing language, logical memory, perception, focused attention. However, it should be noted that the overcoming does not take place by excluding the old functions, but incorporating them into the higher psychological functions, constituting the old ones as a basis for the new ones in a revolutionary process of development.

In a historical-cultural sense of development, Martins et al. (2016) explain that the evolution of the individual goes through periods characterized by dominant activities, which reconfigure the subject's relationship with the environment. For Leontiev (1978), activity is defined as a certain action directed towards a goal achievement, which converges with the needs and present reasons in the psychic dynamics of a specific subject.

The dominant activities guide the individual's energy towards solving problems interposed between them and the environment (Martins et al., 2016). Leontiev (1978) states that, with the change in the individual's main activity during the periods of development, there is a qualitative change in the functions related to consciousness and personality, which move towards syncretic expression for an abstract-scientific understanding of concrete reality, when those functions are preserved and healthy. This way of understanding reality modifies the structure and expression of personality, enabling new delineations of subjectivity and its configurations.

It is already known that language is a superior psychological function with a fundamental role in the regulation of behavior and conduct, with the word as its analysis unit, since it brings together aspects of human consciousness in its microcosm, as Vygotsky (2008b) points out. However, it is necessary to remember that the word is established through the process of elaborating concepts, which, in turn, bring the meanings and senses originated from man's contact with the world. So, concepts are important from a clinical point of view, as some of the regulatory processes of conduct and behavior operate in them.

The concepts, according to their genetic line of development and stimulation for evolution, are the analysis unit which is used to deal with the conflicts that interfere in the individual's relationship with the world. Such a relationship is understood as mediated. For Vygotsky, mediation basically happens through two devices: instruments and signs. The former ones are concrete devices used as a link between the subject and an objective — take as an example a child (subject) who uses a pencil (instrument) to do his homework (objective). The latter ones refer to the semiotic field, to language; they are the psychic instruments, the language systems, which are composed of signifiers, meaning and senses. The concepts sum up into words both the historically constructed meanings and the individual and emotional senses which emerge from human microgenesis (Vygotsky, 2008b).

In some moments, it is possible that the person cannot deal with conflicts, not producing new senses and meanings in their existence and relationship with the environment. Thus, according to Almeida & Schühli (2010), a process of alienation is established in psychic life, where certain psychological functions overlap in relation to others, decompensating the subjective image from the objective reality (concrete-material). In this way, subjectivity is sometimes constituted in a disorganized and disintegrated way.

Cultural-Historical Psychopathology (or pathopsychology, a science developed by Russian psychologist Bluma V. Zeigarnik) starts from the understanding that personality imbalance translates into the disruption of the hierarchy of motives and needs. Thus, sickening actions can be configured as priorities in the dynamics of a subject's life; there is, therefore, a need for interventions which mobilize the senses and meanings around the central/dominant activities of a certain period of the subject's development (Silva & Tuleski, 2015).

The notion of dialectics is strongly relevant to Cultural-Historical Psychology, which, according to Tuleski (2008), allowed Lev Vygotsky to establish the bases of his psychology in materiality, fleeing from sometimes idealistic, sometimes mechanistic understandings. In this way, the author followed specific methodological paths to understand the object of study of his psychology: consciousness (Vygotsky, 2004). Going along with the soviet psychologist's position, we move on to the understanding of the paths taken for the interpretation of the presented clinical case.

### **Methodological Paths for Investigation and Discussion of the Presented Clinical Case**

The present study makes part of a qualitative research spectrum in psychology, so that it focuses on the psychotherapy process itself and also on the details about the used resources and obtained results. The case study is seen as a possibility within the qualitative perspectives of research in psychology. It enables an accurate investigation of processes and results, allowing us to understand aspects such as the effects caused by instruments in psychotherapy, as well as variables which are difficult to measure — such as

the therapeutic bond. The case study is also characterized as a subtype of single case research, which is configured as a naturalistic and flexible investigation strategy (Serralta, Nunes & Elzirik, 2011).

The case study presented here was carried out through the investigation of a subject in psychotherapy monitored over a year at the Applied Psychology Service (APS), a service which was part of a clinical internship discipline at a public university in the state of Ceará. The analyses conducted in this study were documentary, whose sources were the reports, the appointments notes, the patient triage forms, and also other documents in the patient's record at the institution APS.

Regarding the clinical case, it is a 23-year-old male subject. The patient was treated over a year, with 26 psychotherapy sessions, and each one took about 50 minutes. Due to the ethical duty of confidentiality, we will refer to him as "patient" (not his real name). This case was chosen because the patient was very assertive about the time and commitment to psychotherapy, with a very low rate of absences of the sessions, which made it possible to conduct a very continuous process. All interventions and conduct were carried out respecting the health and integrity of the patient, as prescribed by Resolution No. 466/12 of the National Health Council.

Regarding the psychotherapeutic process offered in the APS, it is up to the patient to authorize or not the use of their clinical data for future studies, without any sort of damage in the access of psychotherapy service if the answer is negative. Then, the Applied Psychology Service prepares a document regarding the authorization of the use of data, according to the resolution previously mentioned. Once authorization has been given, the document is filed with the patient's medical record at the APS. According to resolution No. 510/16, clinical information previously authorized for use by patients can be configured as research-study material. In the case explained here, the document was signed and duly authorized.

### **The Clinical Case: Meanings and Developments in the Production of New Subjective Configurations**

As already described, the present psychotherapeutic process took place in the physical space of the APS of a public university in the state of Ceará. Considering the guidelines about research involving human beings, we selected some sessions which were conducted throughout the year. These sessions were arranged into six significant blocks described below. First, a general outline of the clinical case will be presented. Then, the discussion will be carried out through the narrative flow of the presented sessions, which are articulated to theoretical-interpretative aspects of Cultural-Historical Psychology by Vygotsky and collaborators, as well as contemporary productions by authors in the area.



## **The Case**

The patient is a 23-year-old male, undergraduate in humanities course at a public university in Fortaleza. He looked for individual psychotherapy at APS, initially complaining about some pain in the dorsal region, mainly during moments of intense conflict. He also presented an articulate need for self-concept and self-esteem, characterized as dysfunctions in his subjective dynamics, compromising his interpersonal relationships, besides his difficulties in dealing with the demands in college, especially a research laboratory of which he takes part of. Moreover, he reported problems with his nuclear family, due to tensions with his brothers and sisters because he was an adopted child.

## **Conducts and Interventions in the Cultural-Historical Clinic: The Psychotherapy Experience**

### **The characterization of demand**

The process of understanding the demand brought is characterized by going beyond what is initially said by the person, an attitude of investigation and explanation of the dynamic causal basis behind these phenomena — according to the Vygotskian method (Vygotsky, 2004). When looking at the subject's health zones, we noticed that some of the patient's psychological functions were well integrated, such as language and perception. González-Rey (2011) defines health zones as the healthy potential of an individual's psyche, that is, the aspects which remain healthy in an individual's activity. In this case, a strong articulation between the psychological functions of language and perception was noticed, allowing him to use synthesis and abstraction in the analysis of his life history (Vygotsky, 1996).

The Time Dynamic was applied at the beginning of psychotherapy. The technique consists of asking the patients to record in the way they prefer (with dates, sentences, drawings, schemes, etc.) building a timeline with the events they currently consider important in their life. This technique aims to capture how the patient narrates their life story, indicating the main events that compose it; thus, it is possible to verify the place the patients place themselves in the constitution of such events.

Vygotsky (1999) considers that human ontogenesis is similar to a drama, constituted in a scenario with several characters and marked by emotional and cognitive elements, which are articulated forming a single whole. Some meanings and senses emerged with the application of the Time Dynamic: the patient narrated himself in sort of a continuous flow, starting with childhood, and adolescence, reaching adulthood and, finally, returning to adolescence; therefore, there may be a lot of proximity between the last two periods of development in his psychological life.

The patient reported his family was too demanding during his early childhood, although he ever had low grades at school. He also highlighted the fact that he was bullied by his school peers due to his appearance, which negatively affected the way he sees himself. In adolescence, a feeling of dissatisfaction about himself got worse due to a strong

problem with acne, which contributed to his isolation from other groups. Faced with the need for reorganization that adult life brought him, especially regarding university and working life, the patient identified improvements in his ability to communicate and work in a group.

However, due to more demands and tensions, he highlighted that some sensations came up, such as anxiety, feeling the need to bite his nails until they bleed and also pull out hairs. In the following sessions, the Psychotherapy Notebook was adopted as a strategy to avoid intense stress situations, as well re-elaborate the sensations and emotions identified by the patient as anxiety. It was common to ask the patient for activities which focused on the written expression of their inhibiting experiences.

### **The relationship with the environment**

Vygotsky (1994) clarifies that it is in the relationship with the environment (physical and/or personal) that the dynamics between motives and demands take on highly different shapes, since the need for reorganization and restructuring of the activity is placed in the subject's psychic dynamics. As can be seen, the patient's initial complaint was closely related to the resources created by him to deal with the stressors and possible disorganizing elements found in the relationship with the environment — for example, regarding his place in his family.

As previously stated, the patient is an adopted son; this factor causes tensions in his relationship with his siblings. All of them are older than him and attribute most of their elderly parents caretaking to him. His brothers and sisters demand him to take care of his mother, with Alzheimer's, using his condition as an adopted son. In this aspect, he reports some contradictory feelings throughout his experience, because while he feels the duty to take care of his parents, he doesn't think it is fair to take care of most responsibilities. Toassa (2009) points out that the affect-consciousness dynamics presented by Vygotsky is part of the person's subjective experience with the environment in which he is inserted, so that, if this environment is inhibiting, his intra-subjective dynamics may be too, as the patient's case.

Aiming to investigate the way some affections and emotions were interfering in the patient's psychic life, an activity called Life Scenario was conducted with him. It is a resource to understand how the subject's relationship with the environment is set up, identifying the relationship and connection networks between the subject and the elements brought by him and/or between the elements themselves

The activities conducted in Cultural-Historical Psychotherapy are understood as mediating instruments, that is, they are signs which act in the sense of mobilizing reinforced and/or unconscious aspects of the patient's psychic life. According to Vygotsky (1994), mediation is one of the central aspects of the human psyche, allowing movements of appropriation and subjectivation. Thus, it can be said that the psychologist plays a role in mediating the patients' development in psychotherapy.

At another time, taking into account his issues related to the family relationship, the patient was asked to draw their family environment during the session, placing

the main characters in this story. During the activity, the patient demonstrated his ability to reflect on how he felt about his family members, recognizing the need to rethink the limits between himself and the other, defining new borders between his self and the environment (specifically personal in here). On that occasion, it was possible to realize how the insertion of new mediating elements provided new perspectives on himself in his family reality, leading to a change in the way reality can be seen.

### **The new outlines and configurations of the initial complaint**

As the psychotherapy sessions progressed, new subjective arrangements began to take shape and take part on the scene. At first, the action took place on the emergency and symptomatic aspects of the patient's demand, since it is understood that some basic conditions of organization and systematization of psychic life are necessary, aiming that minimum health conditions are strengthened for a patient's psychic balance. As it is known, subjective life takes place through the subjective representation of objective life and psychological functions need to be intact, in order to form a faithful image of this reality. Therefore, we can say that until the 11th session, psychotherapy went around promoting healthy conditions for the production of a more complete mental representation about oneself and the world.

Advances were noticed, especially about the patient's level of awareness and reflection on himself, building new ways of carrying out his narrative flow. There were also significant changes regarding the establishment of limits and boundaries in his relationship with others, whether in the university environment or with his family.

From the new constructions and a stronger bond between therapist and patient, other aspects were revealed. For example, the patient brought up the relationship with his girlfriend. There were two main problems in this relationship reported by him: (a) the difficulty in staying in a relationship with someone showing low volition to build her own professional and personal life, so that the patient refused to "date himself from the past," and (b) difficulty in having sex with his girlfriend, involving body shame during sexual activity.

Regarding the first question, the patient reported that during his adolescence he was a very introspective and isolated person who would hinder the quality of his personal relationships. For him, this tendency towards isolation was due to low self-esteem and a poor concept of himself. Throughout those tensions and demands in his school life, he had low volition to work on his social relationships, preferring life arrangements in which he did not need to be with the others — keeping contact for strictly necessary moments. Making an assessment of the damage suffered during this period of his life, the patient compares his girlfriend's current situation to his past situation.

Regarding the second question, the patient reported there were attempts to have sexual relations with his girlfriend during almost a year; but all of them had failed, mainly due to sensations and emotions described by him as fear and nervousness. He also reported some interest in having sex with his girlfriend, but he stated there was more

interest on her part, even insisting to make it happen. The patient also reported difficulty in having moments of privacy for this, since they both live with their parents.

A timeline activity was then proposed, whose objective was to access the meanings produced by the patient about their sexuality. The patient presented a lot of resistance at first, but later he managed to express some senses about this reality. This ended up revealing new elements: (a) an experience of sexual abuse by school peers when he was around eleven years old, (b) homosexual experiences, both in adolescence and adulthood. Such elements will be discussed in the next session linked to the clinical management adopted and the Vygotskian concept of the zone of proximal development (ZPD).

### **Intervention in the zone of sexual development zone**

Vygotsky (1994) called the level of actual development (LAD) the one the subject has already developed, while he called the level of potential development (LPD) the set of skills which can be learned with the help of the other one. Vygotsky also called the zone of proximal development (ZPD) the distance between these two levels. Why is this discussion important for the case reported? In Vygotskian psychotherapy, it is understood that the subject arrives with some neglected learning potentials, since they do not have psychic resources and mediators to synthesize and elaborate certain experiences in their development. Thus, as the patient does not always have these instruments, the experiences may be elaborated and internalized in a disorganized way.

The patient's case showed certain experiences invaded his experiential and affective levels in an ineffective way, such as the episodes of abuse. Regarding his other sexual experiences, the patient highlighted occasional sexual activity with a girl in high school and a boy who was a relative for three years. In addition to these experiences, he had sexual involvement with a boy at university — an involvement he characterized as not significant. At this point, the patient reported that it was the first time he had talked about his sex life in a deep way, and the first time he was elaborating the abuse and homosexual experiences. Thus these contents were not part of his reflective field, and therefore were not signified. Nevertheless, he was hesitant and confused about how to elaborate his experience, questioning himself about his sexual orientation.

Psychotherapy acted in their zone of proximal development by promoting an activity to enhance awareness of his sexual life, using mediating instruments, such as a set of cards with words related to the theme sexuality/sex life. The aim was to understand the process of elaborating concepts about his sexual identity and promoting new ways to organize his thought and language, based on his point of view about this issue. The cards had the following words: heterosexuality, homosexuality, bisexuality, asexuality, monogamy, polygamy. Luria (1979) emphasizes that language shows how the individual's personal development is set within the culture. Having the word as its unit, language has concepts to understand the delineations of the patient's subjectivity.

In this sense, in addition to understand the conceptual dynamics of the patient, the activity also had a psycho-educational purpose of passing on information about sexual identities and their vicissitudes. First, he was asked to highlight the meanings and senses

captured around the words. Then, he was asked to select the cards which he identified himself; at that moment, the patient chose three cards, according to his experience: heterosexuality, monogamy and bisexuality. After doing the activity, the patient realized that, despite feeling more identified with a sexual performance linked to monogamous heterosexuality, there were future possibilities of building relationships outside this pattern. Here, the role of mediation in the subject's self-regulation is highlighted.

### **The change in subjective configuration**

After identifying the genetic roots in the patient's behavior, the initial symptoms began to fade. Psychosomatic episodes started to happen on rare occasions — pain along the dorsal area was felt every week. Besides, he became more involved and had more active positions concerning not only family decisions, but in his relationship with relatives and in college (especially in relation to the research laboratory he took part in). González-Rey (2007) points out two important concepts for this discussion: way of life and subjective configuration. Subjective configurations are the delineations/outlines of a person's subjectivity which can be seen as result of behavioral patterns internalized by the subject in his/her relationship with the environment, in a way they lead to more or less established actions in certain contexts. These configuration settings are called a way of life.

His new attitude indicates significant changes in the patient's subjective configuration. As an example, he set up a family meeting, where he explained how he felt in his relationship with them and what his role really was in that environment. Moreover, the patient came up with a new family schedule, sharing chores and errands among all the siblings. From the appropriation of new symbols, it is evident there was a greater awareness of reality and his role in changing it. This awareness constituted a resource to act in their reality as an effective subject.

For Vygotsky (2004) it does not make sense to think of man as a stratified/split/fragmented being, but rather as a sum of biological, affective, cognitive, and other aspects. The author even proposed to consider the psychological aspect in this sense too; in other words, the perspective of a whole being is so strong in Cultural-Historical Psychology that talking about psychology is to identify them with all the factors which make up the genetic aspects of development (Vygotsky, 1929/2000). Thinking about subjectivity in Soviet psychology is rethinking psychology itself.

In the patient's case, it is possible to observe a state of splitting of psychic life, so both affective and cognitive complexes were separated, neglected. In this sense, Fler, González-Rey and Veresov (2017) state about the importance that experience (*perezhivanie*) takes on thinking about the human integrity in Cultural-Historical Psychology; emotions are psychological functions with a higher character, and they provide significant shapes to the representation of the mental imagery. So, psychopathological configurations — typical of affective-emotional blunting — are formed without emoticns. In this sense, it is important to state that when he felt these aspects coming into harmony, the patient showed some sort of weirdness, since there was no need to be constantly vigilant. Then, therapy can handle the new reality on its way.

### **The discharge process**

The discharge process took place in the last three sessions in a dialogical and dialectical manner — the way the whole process was characterized — so that the discharge considers the patient's participation and active decision. Thus, as the demands became less constant, the possibility of discharge was pointed out to the patient, who agreed with it. In this way, some unfinished issues in his psychological drama were brought back, so that they could be addressed during his last psychotherapy sessions.

The patient highlighted some issues he would like to be included in the final interventions of his psychotherapeutic process: (a) the future, (b) "Who can I talk to?" In this sense, the following sessions aimed at the adjacent questions indicated by the patient. Finally, the last session was devoted to the evaluation of psychotherapy by both parts. The following resources were used along the discharge sessions: (a) the sentence completion, which presented the beginning of sentences and the patient could finish them (the sentences explored the perspectives for the future), (b) the life scenario, focusing on aspects of relationships experienced in the present, and also building networks. The last session was devoted to the synthesis of the main advances, emphasizing the relational dimension of psychotherapy.

### **Conclusion**

Lev Vygotsky's Cultural-Historical Psychology is a complex and complete system in Psychology that has applicability in the most varied areas of psychological activity, among them the clinic — which exhibits typical challenges of modernity. That is why it is a naive mistake to subsume Vygotskian psychology to restricted fields of psychological knowledge, since this has been done with his educational and school psychology — as Tuleski (2008) points out. The psychological clinic corresponds to a fruitful space to think about the postulates and considerations of Soviet psychology, being able to contribute a lot in the face of new subjective arrangements and possibilities.

The case study as a research modality is quite common in Cultural-Historical Psychology, a fact observed in Luria's longitudinal studies (1973). It is worth remembering that this type of research within a qualitative perspective allows us to look more closely at the psychological object, understanding the several connections which make it up in their movement. As a result, the case study allows the unveiling of the process and uses which composes psychotherapy; in this case, with a cultural-historical basis. In this sense, some initiatives are realized, such as the ones by Arrais (2005) and Oliveira, Goulart and González-Rey (2017).

Regarding the clinical case conducted, the patient was very involved with psychotherapy during the whole process, having a great attendance rate to the sessions, as well as high responsiveness related to the activities adopted throughout the entire psychotherapeutic period. The patient's demand/complaining evolved considerably, changing from psychosomatization of stressful elements in back pain to a balanced

sexual life and greater self-knowledge, expanding the potential for learning about himself — in other words, expanding the psychological functions of consciousness and self-awareness. Therefore, there was a greater integration of the cognitive and affective aspects. As Vygotsky (1994) had already considered, developmental zones are psychological spaces that can be expanded in a healthy way when learning situations are well managed. The therapeutic space is structured as a dialogical locus of learning, leading to the integration of psychic elements which were previously ill.

In the meantime, language has been configured as one of the potent ways for clinical action towards the illness process established in the patient's psychic dynamics. Vygotsky (2008b) states that multiple elements come together in language, from cognitive to affective-emotional processes, constituting a possibility of understanding the health-disease relationship of the subjective configuration of the patient.

In conclusion, we point out the need for more productions on Cultural-Historical Psychology in the clinical field, prioritizing empirical research methods, since the work of the soviet psychologist Lev Vygotsky is recognized as an harmonic movement between theory and practice, as well as his co-workers Alexander Luria and Alexei Leontiev. In the meantime, we must highlight the studies and research carried out in Ceará and other Brazilian states, in order to expand and strengthen the scope of the cultural-historical approach in psychology. As a guideline for future research, there is the investigation of subjective configurations in other health-illness conditions; in addition, more detailed studies on the instruments used in the Historical-Cultural Clinic should be carried out.

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