

## **Subjectivity in education and health: Research notes on school learning area and physical education in mental health**

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### **Abstract**

This paper presents the results of two studies researching the theory of subjectivity from a cultural-historical perspective. The studies are situated in the fields of education and health and are conducted using Qualitative Epistemology. The first study discusses the pathological movement problems of learning disabilities in Brazilian schools and how it has hindered examination of the subjective processes of students when they are experiencing a learning context. The second study deals with the work of physical education professional in mental health in the context of Brazilian public health. The importance of a work development on mental health integrating physical education with other professions present in mental health work is discussed. Finally, it defends the idea that Qualitative Epistemology offers an open knowledge production to interdisciplinarity, observed on education and health area, creating space for discussions on subjectivity.

### **Keywords**

Subjectivity; qualitative epistemology; school; learning; health; mental health

## **Introduction**

This paper presents the results from recent research that was developed following the work of González Rey. The objective is to discuss two studies focused on education and health issues using the Theory of Subjectivity from a cultural and historical perspective. The methodology was based on Qualitative Epistemology's principles (González Rey, 1997, 2005b, 2005c, 2005d). In this regard, it is worthwhile to stress the theoretical constructions advanced simultaneously with fieldwork. This constructive–interpretative methodology presupposes the researcher's emotional engagement during the process.

Firstly, we will discuss the study conducted by Marília Bezerra focused on children with learning disabilities identified by a medical diagnosis of pathological disturbance as an explanation for their learning disabilities. Referring to this issue, this study confronts the ways that school is embedded in a social subjectivity that ends up to promote exclusionary practices of the subjective processes involved in the teaching-learning relationship.

Secondly, we will discuss the study conducted by Jonatas Costa, which aims to insert physical education in mental health within the context of Brazilian public health. Based on two central themes, the theoretical core of the study points to themes that the health area has overlooked in its relation with physical education. First, we discuss the need for intervention centered on contextualized demands of mental health rather than imposing traditional physical practices guided by biomedical protocols. Following this, we critique the composition of a social subjectivity in mental health work that places professionals on a hierarchy based on traditions of medicalization.

To conclude, this paper defends the inclusion of Qualitative Epistemology in education and health research as a promising approach and also suggests this way of doing science promotes an integrated openness to interdisciplinary action between these two fields, so this critical perception alludes to the complexity of the social sciences' phenomena.

Although the concept of *perezhivanie* produced by Vygotsky (1994) is not explicit in González Rey's work, it nonetheless corresponds to his theory of subjectivity, especially for the weight given to the category of emotion with regard to the expression of subjectivity from individuals who collaborated in the research.

## **Theory of Subjectivity and Qualitative Epistemology: a "brief adventure" on González Rey's thought**

Within psychology, the theory of subjectivity from a cultural-historical perspective counters the broad development of studies using the positivist scientific model that is based on objectivist principles and which leads to reductionist, deterministic, quantitative, and mechanistic views of the human psyche (González Rey, 1997, 2005d). Amid this traditional view of science, psychology provides a limited understanding of subjectivity from its intra-psychic or behavioral aspects, such that social and cultural aspects are presented in a fragmented manner. González Rey (2005d), like Danziger (1990), Rose (2011), and Gergen (2009), points out that the scientific study of psychology, marked by a positivist bias, remained faithful to the inductivist verificationism limits of the empirical phenomena. In this regard, the scientific production of psychology was characterized in an "atheoretical" way, once the experimental research cultivated data production ("reality") in a cause-effect model, disregarding thoughts and ideas production, considering that speculation would up rise the metaphysics and would taint the scientificity of psychology.

This epistemological context of psychology inspired González Rey to break with this order that eliminated the cultural and historical character of the human psyche. This way, subjectivity would be the qualitative expression of the theoretical effort of “reconceptualizing the psychic phenomenon in its own ontology, specific from the type of organization and processes, which characterize it” (González Rey, 2005d, p. 73). This was only possible due to the dialectic appropriation by psychologists, situated in specific social conditions, especially referring to that which was materialized by the Russian revolution. Soviet psychology was the precursor in the development of a psychology that had increased the understanding of the psychological phenomena conditioning them to social, historical and cultural aspects. The constitution of subjectivity as “a representation of the *psyche* in a new complex, systemic, dialogical and dialectic dimension, defined as the ontological space” had Vygotsky and Rubinstein—exponents of Soviet psychology—as their greatest influences (González Rey, 2005d, p. 75).

To formulate a definition of subjectivity in González Rey's work is not simple. It is necessary to appropriate and reflect on key aspects of his ongoing work (González Rey, 1997, 2005a, 2005c, 2005d). However, in order to achieve the objectives of this section a definition of subjectivity from the author is as follows: “a system that would have as a central unit, the configurations of subjective senses, which comprise the current and historical in every moment of the subject's action in various areas of their life” (González Rey, 2005b, p. 35).

For González Rey (2005b), the category of the subject is necessarily implicated in any study about subjectivity. The authors refute this understanding of the subject located in the Cartesian rationalism—as “the subject of reason”—and incorporate the preponderance of emotionality as an ontological element for the category of the subject. The category of the subject forms the basis of subjectivity, once as an expression condition of subjective meanings produced by man, manifested through the social and individual dialectical characteristics. In addition, other theoretical categories have become enshrined in González Rey's theory, as is the case of social and individual subjectivity, subjective configurations and senses zones. Despite their importance, clarifying them is outside the scope of this text.

Insofar as González Rey is forming his theoretical productions in social psychology, the authors identified the need for new methodological constructions. These investigations should address criticisms made by him on the scientific construction of hegemonic way in psychology hamstrung by the scientificism and positivist supremacy.

It was necessary to give new meaning to the comprehension of reality, which scientific rationalism has failed to do by imposing an atheoretical empiricism. The underlying problem is the fragmentation of empirical and theoretical scientific research. This dichotomy presented the empirical as a representation of external reality, and theory as an abstract speculation or mere description of the empirical.

For the present authors, reality is composed of infinite complexity, projecting different ways to view it, but subjected to the limits imposed by the means that we use. Thus, the methodological limitations (the research) are implied in the constitution of the complex reality. The “exit” for science, therefore, becomes the understanding that researchers will need to ontologically define a reality system to establish relationships with its goals, aware that subjectivity is implied in this process. González Rey (2005a) claims that the result is “the general characteristics of a complex system, which must acquire a heuristic value to construct the knowledge within the field studied by

us” (p. 17). By and large, such reflections postulate the philosophical basis of Qualitative Epistemology (González Rey, 1997, 2005a, 2005c) in which the theory is always an open system that integrates both general theoretical representations of the researcher and the empirical moments of his research. In González Rey (2005a, p. 30) we found that the empirical “is the information of reality that contradicts the theoretical, which permits its extension and growth” (p. 30). The theory presents itself as a facilitator and a limiter of the empirical phenomena perception. Consequently, the requisite reflexive action of the researcher must become the subject of this process in order to achieve a successful outcome in producing a theoretical model, devoting themselves as a core generator of thought.

Qualitative Epistemology emerges as the methodological-scientific expression of González Rey's Theory of Subjectivity. Through it, the authors found important aspects for investigations that seek to produce knowledge in the light of complex phenomena in different contexts and social practices. A synthesis of this perspective may highlight: a) that research assumes a constructive and interpretative nature of knowledge; b) the legitimacy of the singular as knowledge production; and, c) the process of communication and dialogicity as special feature of social sciences.

González Rey (2005a) defends the idea that knowledge is a human production and criticizes the idea of a “ready” reality knowable by universal categories. Although the empirical is a relevant aspect in Qualitative Epistemology, the construction idea is not necessarily associated with an empirical framework. In this sense, the construction of a conceptual category is speculative, which means that “construction is an eminently theoretical process” (González Rey, 2005a, p. 7). In effect, Qualitative Epistemology offers a methodology driven by the search for theoretical production on a determined phenomenon or, as the authors prefer, from theoretical models of intelligibility that result from the constructive-interpretative principle of the research.

The valorization of the theoretical characteristic of research based on Qualitative Epistemology is a predominant factor for establishing the legitimacy of the individual as a source of scientific knowledge. This represents an inflection, as psychology and the social sciences traditionally legitimize the scientific knowledge that over-values the technical procedure based on data of empirical rather than creative reflection of the researcher. Here, it is possible to find the idea that the data is always a production, which “is inseparable from the theoretical construction process in which it gains legitimacy” (González Rey, 2005a, p. 100).

To think in those terms, González Rey (2005a) inverted the criterion of scientific legitimacy from the empirical level to the theoretical level, which is only possible if the uniqueness of the researcher's thought is situated as the core of knowledge production. The empirical material includes the researcher's ideas and is organized in methodological material with which the researcher remains a protagonist in the course of research and never a hostage. The preservation of this process provides legitimacy to the knowledge produced.

Denial of instrumentalism in Qualitative Epistemology is evidenced by communication and dialogue as a privileged way to know the subjectivity, having in them the particular methodological axes in social sciences. Here, in González Rey's thought, is the principle of the estrangement from any kind of instrumental or categorical apriorism in the information production's process. Research subjects—as well as the researcher—need to be involved in their subjectivity during the investigation, becoming more than a “sample”, but also effective research collaborators. Moreover, the stimulus-response logic of standardized instruments are abandoned in Qualitative

Epistemology and seeks to redefine the instrument in the following terms: a) instrument is a means to provoke the subject expression; b) the instrument is only one source of information that must be separated from any pre-established theoretical categories; c) instruments need to have an internal articulation making up the integrated system; d) instruments underlie the symbolic and unique expressions of the subjects; e) instruments need to have the potential for the emotional involvement of individuals, as a fundamental aspect for the production of subjective meaning; and f) instruments do not have standardized rules of preparation.

Presented below are two studies that complete this introduction. Although we have opted to include excerpts from final results which are based on the construction of information, some methodological information is described as a way of bringing the reader closer to the investigations' context.

### **Subjectivity and learning in education: a depathologizing view**

Complaints of learning difficulties are increasingly prevalent in the school environment, and therefore have generated anxiety and dissatisfaction among all involved. Because students are treated as having some biological or psychological disorder, they are stigmatized by teachers as children who do not learn, or have only a limited learning potential.

The use of classifications to designate students who show some type of difficulty has been increasing in the educational area. The idea of pathologies associated with intellectual development has been enlarged, affirming the natural and linear development of character and, consequently, of learning.

We are witnessing a time of normalization and naturalization of the educational processes in the school context, when children diagnosed with some type of disorder are entered into the registries of brain chemistry's pathologies and genetic makeup. It is common to believe that learning difficulties originate from abnormalities in the cognitive processes and derive largely from some type of biological dysfunction.

Due to this view, a growing medicalization is being experienced in the everyday life in Brazil and this is a tendency with an impact on the educational area. Within the pharmaceutical market today, we have a large arsenal of psychotropic drugs (hypnotics, tranquillizers, barbiturates, antidepressants, or stimulants). Currently, many children and adolescents are treated with drugs as a solution for their learning difficulties or their inappropriate behavior, as reported by the school community.

Analysis based on such concepts reduce the understanding of learning disabilities to a biological perspective, in which explanations around school failure are restricted to the student, disregarding the learning institution and their relationships. Moreover, the child's suffering is disregarded due to the distortion of the actual source of disabilities. When the objective is exclusively the remission of symptoms, some important actions such as listening to the child, emotional support, willingness to be closer, investigations into conflicting situations within the family or in school, are no longer considered.

Faced with this context, the need to expand the research field of learning disabilities and understand it from a broader perspective is evident, moving away from the focus that falls directly

on the student. In this way, the Theory of Subjectivity seeks to understand the development and learning processes from its processuality, breaking from pathologizing views of learning disabilities.

The study of subjectivity, in a cultural-historical framework, allows the recognition of learning as a production of subjective senses that does not unlink the various social spaces that students go through. This perspective gives us a different representation of human learning. Thus, it is understood that a child's difficulty to learn is constituted as a subjective configuration in a process. A learning disability is not an *a priori* symptom, but takes various forms in a unique subjective setting in a child's life.

In order to offer a discussion to contribute to the depathologization of learning disabilities in the school context, the theory of subjectivity is included in the debate, bringing contributions of theoretical-epistemological order. Such contributions will be evident by the development of a theoretical model that permits to know, in depth, the singular subjective configurations of learning disabilities.

Using subjectivity as the theoretical framework for this study, we consider the complexity and uniqueness of subjective senses involved in the expression of both learning and creativity processes. These expressions must be understood in the context in which they are produced through tangible results of the children in social spaces.

This information resulted from an investigative process that was concerned with the subjective configuration of learning for a child who showed difficulties in the acquisition of school subjects. The constructive-interpretative process allowed for the preparation of a case study, capable of generating knowledge about the diversity of the singular existing in the learning processes. Hence, the theoretical model of the subjective configurations of learning has provided a complex representation of the case studied. The research was conducted in a public school operated by the State Secretary of Education from Federal District (SEDF).

Instruments used were produced during research process and are not being defined *a priori*. Instruments, according to Qualitative Epistemology are constituted as inducers of expression from the other and provide information sources, allowing the hypotheses to be developed during the investigative process. The hypothesis in this approach represents the path of intelligibility constructed by the researcher on the available information. The hypothesis is a device of thinking in process, not a supposition established that need to be verified.

We used several instruments over the development period that could contribute to the expression of the participant expression. For example: conversational systems that allowed the emergence of subjective senses from tensions that had arisen during communication process. Freehand drawings made by the child enabled the development of hypotheses about the ways in which the child related to different spheres of personal life. With the accomplishment of tasks related to school content, it was possible to observe strategies used by child to read, write and understand the subjective dimension involved in this process.

### **From schooling difficulties to the Subjective Configuration of learning: contributions to the depathologization of education.**

Alan was diagnosed with ADHD (Attention Deficit Hyperactivity Disorder) at eight years of age and was medically prescribed methylphenidate. The referral was done by the school based on behavioral aspects such as disruption in the classroom and difficulties in relating with classmates as a justification of poor school performance, besides to demonstrate great difficulties in paying attention.

The meeting with Alan took place in early 2014 after a school vacation. Based on observations in the classroom, it was possible to notice difficulties in establishing a closer relationship with his classmates as well as with his teacher. In addition, the child had difficulties in participating with planned activities. Continually disruptive, the child sought different ways to avoid classroom activities. Alan used to make pranks and jokes, which was specifically expressed during an activity of History class:

**Teacher:** In your own words, explain the arrival of Portuguese in Brazil.

**A:** I don't know. I wasn't with Portuguese when they arrived in Brazil!

Alan's relationship with his classmates was compromised. He had little interaction with them: it was as if he was not part of the group. His teacher said that due to Alan's distasteful pranks with colleagues, they started to turn away from him. While everyone participated in the activities, Alan teased his classmates, as if he intended to get in the way of their activities. In this way, he lay outside of the great collective that made up the social space of that classroom.

Gradually, the first author Marilia began to help him perform some activities in the classroom. Alan was receptive, but even with support, he had difficulties getting involved with the activity and showed difficulty to understand tasks enunciation. When he found an activity to be difficult, he said he cannot do it, he lost interest and gave up easily, claiming to be very tired or that he already knew that content. He also claimed to feel ill and not be able to complete the task.

Initial meetings with Alan constituted a great challenge. Marilia was always received with pranks or reprisals and he constantly questioned Marilia's presence. Explaining why Marilia was there, which was to assist him with his school assignments, Alan responded confidently: "I don't need help". Always suspicious, he maintained an uneasy, defensive and defiant stance when it was time to do an activity.

During one of their meetings, Alan boldly asked about Marilia's presence. Such questioning arose while he was doing a math problem that he was unable to perform:

**A:** Why are you here?

**Marilia:** To help you.

**A:** Nah, I don't need any help.

**M:** But you aren't able to do your work.

**A:** Miss, you like helping out a lot. There are some beggars over behind Casa do Ceará. You should go there, I think they need more help than I do. (Laughs)

This dialogue took place at a time when Alan couldn't begin an activity, with his constant disruptive behavior, joking and being unable to concentrate. On that occasion, Alan looked for a creative and daring exit to avoid completing the task, even compromising the meeting progress with his attitude. Faced to this situation, the challenge was thrown down: to understand why he had such a defensive attitude, which would eventually rule out the possibility of establishing affective bonds. In other words, it was necessary to develop a theoretical model about the subjective configuration of Alan's learning, as well as his defensive behavior, emphasizing the dimensions of the unique processes that are going to express themselves in the emergence of a difficulty in academic learning.

This was a moment of tension for the researcher/research participant relationship. Front of this situation, we saw the need to maintain a firm position with Alan, which could lead to the end our meetings. On the other hand, this position was intended to promote in the child, even if minimally, a reflection on the possibilities of his attitude. The choice of continuing the meetings or not was left in Alan's hands:

**M:** Alan, if you want me to leave I will go, you can tell me. I came here to help you out with your school work. This is a choice you have to make.

At school, Alan was considered a rebellious and unmanageable student. His actions resulted in condemnation letters being sent to his mother requesting her presence in the school. This caused Alan to reflect on the relationship, as a subject of a process, giving him an active place in the building of the relationship. This way, Alan was able to assess whether he wanted or not to continue with the meetings, requiring his participation and involvement in the social space that made relationship. The confrontation that was proposed by the researcher spawned tension in Alan, expressed by few seconds of silence. Subsequently, Alan responded: "Miss, I don't want you to leave". In the confrontation, Alan made the decision by himself, based on his own thoughts, assuming a position in the social context of the relationship.

From the epistemological parameters used in this study, we consider the communication processes as a way that enables the thought development as a reflexive process, which requires Alan to recognize new positions in relation to the other. In exercising his ability to think, Alan occupied a central place in the relationship process. To confront himself, expressed by his silence, Alan stood as the relationship's subject.

The construction of a social research scenario with Alan was characterized by the tense and contradictory exercise between two subjectivities involved in the relationship. On the one hand, we had a child motivated to keep emotionally distant from the researcher, which was expressed by jokes, pranks, and lack of involvement to do schoolwork. On the other side, the researcher commitment to form a bond with the child enabled a favorable climate for the work development.

The field of research as a relational space—beyond a mere collection of data—places us in circumstances of conflict and tension for both involved. Alan's defiant stance became an obstacle that needed to be overcome by the researcher. Inseparable from the production of subjective meanings by its part, this consequently breaks with the idea of neutrality in the research process. We consider that the emergence of those involved in the empirical moment legitimized it in the



consideration of research as an interactive space, capable of favoring the authentic expression of both players.

Alan's behavior was considered atypical by the school community. The school viewed him as a rebellious child, who challenged teachers' authority. In accordance to the hegemonic representations about learning disabilities within the school context, we could easily say that Alan was a child with ADHD. However, such perspectives only reinforce the diagnosis, thus limiting the possibility of a deeper analysis of learning difficulties faced by Alan.

Moving forward to a representation of learning as a subjective configuration requires an in-depth examination of several dimensions involved in these children's process. In Alan's case, it became necessary to investigate the way in which learning was subjectively configured behind his "atypical" behavior and by a denial of affective bonds, leading him to a type of subjective production that prevented his learning progress, as well as the development of his social relationships.

Over the investigation process, Alan was asked to make a drawing of his family. The idea of work with drawing was the possibility of generating subjective senses as result. The following dialogue occurred while he was drawing:

**A:** Miss, I need another sheet of paper.

**M:** But for what? You made a mistake in your drawing?

**A:** There's not enough room for me here. I need a larger sheet of paper.

Alan draws himself separated from the other members of his family. Even with space enough on the paper to draw his mother, father, brother, sister, and himself, Alan asked for another sheet to make his own drawing. Drawing on a separate sheet, Alan did not seem to be a part of the same social space of his family. The drawing became an indicator of a possible conflict experienced within the family context.

It is considered that the subjective senses produced by Alan in the school environment cannot be separated from the meanings of subjective senses in different areas of his experience, in particular in his family. This allows us to understand subjective processes as a moment of a complex system of individual subjectivity. The difficulty of establishing emotional ties with classmates and the teacher relates to other emotions coming from other areas of the child's experience that are not consciously experienced.

Difficulties relating to affective bonds are expressed through visible behaviors such as pranks, disruptions, problems with his teacher, and conflicts with classmates. Alan's relationships difficulties prevented him from having an affective relation with learning situation.

A lack of interest in school activities is not directly related to emotions that arise within the classroom context. The difficulty to get involved emotionally within the learning process takes many forms, unknown by the school community. In his learning, Alan expressed subjective aspects from different areas. His position represented the historical nature of subjectivity manifested during the daily school.

In the tradition of medicalization in schools, the naturalization of learning disabilities has led to a disregard of subjectivity and how this takes expression in the life of each subject, framing students within criteria and general evaluation rules that contribute little to the learning disabilities' understanding in their singular dimension. The descriptive and symptomatic analysis of Alan's atypical behavior, culminating in a diagnosis of ADHD, is what impedes the examination of the subjective configurations of learning disabilities. As the report showed, it was possible to understand Alan's behavior signaling complex subjective dynamics, which do not explicitly appear in his behavior.

For a more comprehensive understanding it is necessary to consider that learning disability is not constituted as a unique student problem. In order to broaden this understanding, it is necessary to study how the social subjectivity of the school is set up, in the learning disabilities of the student, and how it has been configured from other social spaces, such as the insertion of a biomedical model within the school environment, his relation in the family, and so on.

Following this logic, although the process of teaching and learning is not something exclusively of the child, it seems easier to incorporate the discourse that students' learning problems are biological and individual, omitting the social processes involved in these problems, which express broader issues of social and relational character. As a result of this misuse, it becomes necessary to open a space for reflecting on the learning process and their impact on the subjectivities formation, as well as for the idea of normality. In other words, faced to this complex scenario strongly linked to the social genesis of health, it is unacceptable that solutions to problems are reduced only to the findings of a medical/biological nature.

Based on the Theory of Subjectivity under a cultural-historical focus, the understanding of learning disabilities in the school context widens to include a dynamic and systemic perspective of development and learning. This theoretical perspective breaks with hegemonic traditions that seek to standardize behaviors and ways of learning. In this theoretical framework, the student assumes a social and historical dimension. The social character acts as a producer of senses in several subject's relationship and its history, which is a generator configuration of senses that are constantly related to those produced in its experiences (González Rey, 2005d).

It's also necessary to look beyond the student's difficulty and consider the subjective dimension of the learning, which definitively breaks with pathologizing perceptions on learning disabilities.

### **Subjectivity in health: contextualizing the theme and the research**

Since the 1980s, González Rey has studied health through the perspective of subjectivity. The traditional idea of health as the absence of symptoms had already become untenable in the face of several advances in medical technology and health processes that effect people's health. In this context, González Rey (2004) argued that the concept of health must be understood as “a complex qualitative process that defines the full functioning of the body, integrating the somatic and the psychic in a systemic way, forming a unit in which both are inseparable” (p. 1). A broad understanding of health is projected beyond the individual, projecting the social as an important part of the concept, something closer to theoretical construction of Public Health as evidenced in Brazil in the 1990s<sup>1</sup>.

Since then, major changes have occurred within the Brazilian health sector. The implementation of the Unified Health System (SUS in Portuguese), a public policy that ensured universal health as a social right, triggered a series of programs that sought to complement health services from a multidisciplinary perspective. The emergence of other knowledge areas in health formed the basis for a new approach to the public health policy in Brazil. Within this context, physical education began to run in health programs in states and municipalities.

Physical education began to occupy the new space for professional intervention in public health. However, SUS held a concept of health that differed from the traditional form of Brazilian physical education. From an historical point of view, physical education maintained an organic relationship with health, although this relationship was in accordance with traditional medicalization and under the epistemological orientation of positivism (Carvalho, 2004). SUS imposed work on new challenges with which the academic physical education area had not yet dealt. More specifically, health programs that required physical education were characterized by interdisciplinary actions, and the programs were known as the Support Center for Family Health (NASF in Portuguese) and the Centers for Psychosocial Care (CAPS in Portuguese).

Some other information should be highlighted in order to clarify the general context of the research:

- a) The academic research investigating physical education inclusion in Brazilian public health policy is quite recent. The mental health area is not a target for physical education research, and this has ramifications in vocational training;
- b) A wider definition of health in physical education has only been elaborated at the beginning of this century, integrating social aspects to a health condition. This was only possible with the inclusion of physical education in public health programs.
- c) The incipient critical academic discourse<sup>2</sup> on physical education in public health raises issues that enhance the social as a health condition. This confuses the subjective processes that necessarily needs to be investigated from the emergence of the subjectivity production of those involved in social practices in health, whether they be professionals or users of the service. The understanding of the subject from the perspective of González Rey's theory does not ignore the importance of the social in the promotion of an individual's health, but emphasizes the subjective character of social experiences that cannot be understood as external determinant of the subjectivity. Such ideas have still not been appropriated by the dominant critical academic discourse of physical education.
- d) The CAPS are constituted as an unfolding of the Psychiatric Reform in Brazil that began in the 1970s (Amarante, 1994), which points to a complete restructuring of mental health care by repealing the asylum model in favor of a comprehensive network of assistance to individuals who present psychological disorders, from the multidisciplinary work and the interdisciplinary perspective.

CAPS are located in the Brazilian mid-west. In Brazil, few CAPS have physical education professionals. However, it has been present in this institution for around ten years.

The purpose of this second case study by Jonatas, the second author, is to reflect on the productions of subjective configurations that may emerge during day-to-day work of physical education professionals in relation to other areas (psychiatrists, psychologists, nurses, occupational therapists, and social workers) and users of these services. Accordingly, the focus is on physical

education professionals that act in mental health, although there is participation by other collaborators in the information construction, namely, CAPS professionals.

The conversational dynamics are given prominence as enhancing instruments of interaction between researcher and participants of the research, in a way that the construction of information is grounded in dialogues that take place in formal and informal work situations. It should be noted that observations and, above all, the interpretation of dialogues and participants' actions, are constructions that are woven together in the process. Two main questions addressed in the research:

- a) The failure to impose a traditional pedagogical practice of Physical Education at CAPS, and the production of interventions generated recursively for needs and demands of those who use CAPS; and
- b) The defense of an interdisciplinary principle as the basis for physical educators' work in a way that permit a process of horizontal relationships in comparison to other professionals.

It should be pointed out that these conclusions cover topics that underlie the constructive and interpretative production of information carried out by the researcher, referred to by González Rey (2005b) as a configurational logic. It is about the tension established by the theoretical thought of the researcher in a confrontation with the empirical scene and takes place in research process. From the standpoint of the following formulations, the objective is to undergo a reflection of themes that have not received attention in health area in its interface with physical education.

### **Subjectivity in health: subjective configurations of physical education work in mental health**

CAPS is a space welcoming to physical education. There is a perspective that multi-professional work is a facilitator to create a diversified environment to promote close care for service's users, which can be seen as attractive. In this sense, the physical practices seem to be an interesting way to assess people who come to CAPS with severe mental disorders. Physical education is a very new area of intervention on mental health and optional for a CAPS project, but despite this, the acceptance of other involved professionals and users is close to a consensus.

J.M., a 31-year-old physical education teacher with four years at CAPS, said he feels recognized and respected by coworkers since the beginning of his work:

Everyone liked the idea of having physical education represented in CAPS's work. When I arrived, many came to speak with me about the expectation of users to have someone who could perform physical activity with them. My psychology colleagues thought practical workshops could assist in therapeutic treatment and physical activity could help patients improve their physical condition, once some of them had metabolic disturbances due to medications. This increased their weight and many could see bodies completely transformed due to the drug treatment.

There are indicators in this excerpt that represent issues beyond a good reception to physical education. In fact, the excerpt and information taken from other CAPS professionals demonstrate urgency for physical education to become part of the work. However, from this excerpt, it is possible to advance to other points that are outside the focus, but indicate a production of the

subjective sense that expresses an understanding of what type of work is expected from physical education, and what objectives are to be achieved. These issues reinforce a thematic axis in research that involve the preoccupation with *how to make interventions in physical education for mental health*. Besides the recent professional space created in Brazil, there are some historic tensions between physical education and the domain of health.

The expectation of professionals recalled by J.M. signals a hegemonic view in the collective imagination that justified the presence of physical education as incumbent to solve problems involving the organic nature of the subjects. In other words, the users' weight loss seemed to support the use of physical education intervention for mental health. It is a reductionist view forged by common sense or by an uncritical and biologicistic perspective of the area.

The biological side effects brought to the individual by psychotropic drugs use are an obvious problem. However, externalizing the problem—or the solution (in physical education)—demonstrates a tendency to remove the production of subjective senses of those who use drugs or how they relate themselves with the possibility of physical activity. As pointed out by González Rey (2011), “diseases never exhaust people’s health, which would imply the death of them” (p. 71). Corroborating this thought, it could be affirmed that physical activity by itself does not determine a condition of health, which would imply that everyone who practices physical activity is a “healthy” person. That would negate the idea of promoting health as a process of subjective configuration, which integrates the individual subjectivity of the subject to the socio-historical context experienced.

This debate imprints the importance of considering an intervention of physical education in mental health as a process that can take into account the context in which the physical education is taking place as well as the working guidelines of CAPS. Furthermore, to defend that the pedagogical practices of physical education are orientated to health promotion, it should take actions that facilitate the emergence of the subject. In turn, they should be able to actively position in relation to their health in different life contexts. Agreeing with González Rey (2011), the positioning of people as subjects of the change process in their lifestyle is very important for their development. Observing the context of mental health, this principle appears to be even more relevant.

The second thematic axis of Jonatas’ study seeks to understand *the relation of the physical education professional with other professionals at CAPS*. Such a relation is configured in hierarchies according to the medicalization perspective of the service. This fact contradicts the reformist perspective of CAPS in relation to the asylum model in mental health and reveals its tendency towards some institutionalization processes. Elements that are restricted to “scientific status” of each knowledge area seem to constitute a social subjectivity that establishes vertical relations in the work and are naturalized by professionals in their daily practices and positions.

Mental health services in Brasília do not integrate physical education. CAPS is an unusual work space for the area. The physical education curriculum does not include a set of (traditional) knowledge necessary for the work with mental disorders, which is typically related to medicine and psychology. At a first glance, it seems that everyone in the service is interested in having a physical education professional; although this statement appears contradictory, especially during collective organization and planning.

In excerpts from a conversation with CAPS professionals, the idea that “no one is prepared *a priori* to act at CAPS” seems hegemonic. It is possible to identify this thought in the R.L.’s speech (42-year-old psychologist with eight years at CAPS):

No one studied to be at CAPS. People from psychology truthfully graduated to work in a clinic. I wanted to have my own clinic, but because I didn't have any money I was taking a test to get into the local health department. When I started here, it was a shock. At first, it was really difficult, but then you get to understand how this new logic of care operates and there are always more experienced people. But the college does not prepare you to work in mental health in the public service. We learn this in practice.

When R.L. expresses the desire to “have his own clinic” but does not do so due to financial reasons, he reinforces a perception that professionals enter in CAPS not by their own interest but as result of circumstances. It is also evident from R.L.’s admissions just how far psychologists’ preparation for work is from public mental services. The public health sector in Brazil turns out to be a “safe harbor” for those professionals who look to the profession despite the place or the nature of the work.

Returning to R.L.’s speech and the objectives that centralize this discussion, there seems to be consensus of the idea that professionals—with the exception of the psychiatrist—do not start their careers at CAPS prepared and secure, in terms of their skills, for working in mental health. There is a symbolic level within this understanding which establishes a context of horizontal relations relating to vocational qualification of CAPS workers: they all share the same common initial difficulty. Further, there is also a consensus that the service needs to preserve its multidisciplinary orientation.

CAPS uses a collective work orientation with regular planning meetings throughout the week. The researcher, Jonatas, followed these meetings on a regular basis. The constant absence of the psychiatrist at these meetings leads us to the idea of a social subjectivity, naturalizing the qualitative distinction between professionals. Their presence is only required in specific cases that are considered serious. The acceptance of this situation is contrary to important principles of mental health care in compliance to foundations of the Brazilian psychiatric reform and, above all, the goals of CAPS. In addition, some conversational excerpts can provide other indicators that reinforce this understanding. For example, in M.C.’s speech (a 49-year-old psychologist with nine years at CAPS and its current director), during a discussion about some therapeutic alternative for users who often return to CAPS after receive medical, he said:

We organize ourselves in pairs to ponder over other specific workshops for older clients. It can be any composition of pairs. Always keeping out the psychiatrist and some psychologist; we can take turns at it. According to the workshop, we can discuss the use of drugs and schedules with the psychiatrist and with psychology, they observe the developments of the clinical condition.

It should be stressed in the director’s analysis, the need for supervision by certain professionals, namely the psychiatrists and psychologists. Thus, the medicalization tradition is expressed in discourses and actions that are on the basis of the mental health functioning, although they differ from CAPS’ theoretical perspectives and care principles.

The physical education professional has little influence on the decision-making of measures taken by CAPS, which are discussed and presented during staff meetings, in which the professional does not participate. For him, the hierarchy of service is evident and his motivations and initiatives do not indicate any possibility that this will change. In part, this is reinforced by unilateral understanding of physical education interventions:

Physical activity enters into play as a complementary practice to the service. I have, of course, seen the improvement of patients' conditions and believe it has to do with our activities. And it is also said by psychologists who are monitoring these same patients. Still, one must always be aware of what the medical restrictions are of each one, mainly because some medications interfere with the heart and metabolism of patients (J.M.).

According to J.M., physical education intervention has a complementary character. Without realizing it, J.M. defends the positive results of his performance, but he also says not having autonomy in the methodological options, are conditioned by medical prescriptions. Another relevant point is that intervention is submitted to the biologicistic practices of physical activity. This is without considering possibilities of constructing corporal practices according to the singular subjective configurations of users in their motivational relation to experience collective practices advised by a professional.

With the intent to conduct the analysis and carry forward some interpretations in the investigation process, two points should be stressed regarding to the qualification of physical professionals in mental health at CAPS. These points have been little explored in literature and deserve attention:

- a) The intervention of physical education represents an action addressed to health promotion and it should be oriented by educational conduct to facilitate the emergence of users as subject of the organized activities. Physical activities should represent a social space of integration and shared decision making between professional and service users.
- b) The social subjective configuration expresses a tendency to prioritize areas that contradict the perspective of CAPS' multidisciplinary work, and is a fundamental point of the social practice reorientation. The scientific training of professionals involved in the work must imply the plurality of skills, which allows a horizontal dialogue that engages with the specificities of mental health work. In that sense, physical education would be responsible for development of an appropriate training and for a dialogue with other sciences. Particularly regarding to mental health, it is necessary that training be linked to the comprehension of the complex underlying science, and also assimilate the subjectivity processes of their labor practices as crucial.

## **Final Remarks**

This paper aimed to show the growing tendency to pathologizing prevalent in Brazil today, replacing educational activities as a fundamental principle for the subjectivity development.

Both studies discussed the omission of subjectivity in spaces devoted to education, which led to an understanding of mental health care and school education as merely instrumental procedures oriented to symptom suppression in the first case, and to an instrumental descriptive conception of learning in the second.

The constructive-interpretative methodology, which was used in both of the studies based on Qualitative Epistemology, used dialogue as the basis for the methodological devices employed during research in seeking subjective sense from the participants. The dialogue supposes the active position of the researcher throughout different moments. Thanks to this dialogical character, it is possible to model situations that are very sensitive to the participants, which is an important premise for the expression of subjectivity.

Despite the theoretical limits of the researchers—who are still in training—it is worth observing that conclusions were generated from the construction of theoretical models, which prioritize the opening of new hypothetical constructions that are subject to further study.

Although both research studies are discussed separately, they have much in common. The issue of the pathologization and medicalization of life occurs in educational institutions and has severe consequences for the learning process. The same process used in the mental health institution splits the “cure” understood as the symptoms suppression from the subjective development of the service users. Physical education is an important subjective process, but relegated to only somatic disorders control, which omit its relevance for new alternatives of subjective development.

Such considerations defend the interdisciplinary potential that constitutes investigations done based on Qualitative Epistemology. The inclusion of other areas of knowledge that comprise the social sciences in this framework, especially those that cross the field of education and health, contribute to the consolidation of this theoretical perspective.

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<sup>1</sup> However, there is a costly aspect to González Rey's theory that presents itself as an element that distinguishes its contributions in the health of Public Health research, which is the centrality of the subjective processes of the subject in the constitution of a state of health, something not yet incorporated by Public Health.

<sup>2</sup> Brazilian physical education, specifically the academic debate regarding its relationship with the field of health, is polarized. The critical chain of this debate has sought to integrate social sciences into the professional training of physical education at the expense of exclusively biologicistic training.



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