

• Vol. 1, No. 2 • 2021 • (pp. 75-89) •

www.istp-irtp.com

DOI: <https://doi.org/10.7146/irtp.v1i2.128013>

The Production of Subjectivities in a Division of Applied Psychology: An Assemblage of Circulation Processes

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Abstract

This paper aims at discussing the different ways in which subjectivities are produced by psychological practices, with a focus on clinical practice. This research is conceptually based on Isabelle Stengers' and Vinciane Despret's Political Epistemology and Bruno Latour's and John Law's Actor-Network Theory. For these authors, scientific knowledge is produced not as a representation of reality through well-formed sentences, but as modes of articulation between researchers and investigated entities. To investigate these modes of articulation produced by clinical practices, we observed the modes of articulation present in specific psychological techniques with regard to their users, especially in a therapeutic environment. These techniques follow a wide range of therapeutic approaches (psychoanalysis, cognitive behavioral therapy, Gestalt therapy and institutional analysis) are currently being observed at the DPA (Division of Applied Psychology) at UFRJ (Federal University from Rio de Janeiro) through interviews and an ethnographic approach. Furthermore, we will discuss processes related to interns and patients. With regard to the interns, we observed a very complex and almost impossible mode of negotiation with respect to the practices, concepts and duration of therapy among the therapy groups at DPA. Their education in these different therapeutic approaches can be likened to a process of purification: beyond the discussion of some basic concepts, much of the interns' education consists in the constant criticism of other approaches. It is also very rare to observe students who practice more than one approach: beyond the pragmatic problem in articulating very different practices, there is a constant process of critique between both groups to which the intern belongs. With regard to patients it was possible to perceive two response patterns: 1) Canonical answers about what therapy is and what its goals are, demonstrating docility regarding the psychologist's authority. 2) Answers with a more inquisitive position about psychology, with an underlying understanding that it is a way of seeing the world, a philosophy of life, thus presenting a more recalcitrant position. In this case patients link therapy to very diverse practices, and they do so in a very active way, in a process that resembles what Foucault calls the techniques of the self (a group of practices and exercises used actively by someone aiming to transform themselves into an ethical being). We can find such techniques among patients in various practices, e.g. writing in diaries, the singular appropriations of the discourse of the therapists, and even exercises of self-questioning and problematization of the instances of collective life, such as prejudice, stereotypes and subliminal messages. Thus, we can define patients in various ways, but not as passive and patient creatures.

Keywords: Production of subjectivity, Actor Network Theory, Clinical Psychology, Recalcitrance, Plurality.

Introduction

This paper aims at discussing the different ways in which subjectivities are produced by psychological practices, with a focus on clinical practice. This research is conceptually based on Isabelle Stengers' and Vinciane Despret's Political Epistemology (PE) and Bruno Latour's, Annemarie Mol's and John Law's Actor-Network Theory (ANT). To explain how these concepts are used in clinical practice, we will first clarify their viewpoints on knowledge, the production of objectivity and subjectivity, and the unity (or plurality) of knowledge. For these authors, scientific knowledge is produced not as a representation of reality through well-formed sentences, but as modes of articulation between researchers and the investigated entities. In order to examine and obtain an empirical understanding of these modes of articulation that are produced by psychological theory and practice (through the lens of ANT and PE), we observed the modes of articulation between different actors

(human and non-human) that are present in the application of certain psychological techniques, especially during therapy. In particular, we are currently observing techniques that follow different approaches (psychoanalysis, cognitive behavioral therapy, gestalt therapy and institutional analysis) at the DAP (Division of Applied Psychology) at UFRJ (Federal University of Rio de Janeiro). This DAP offers psychotherapeutic services to the community as a low-cost (or even free) service and employs student interns as therapists, who are instructed by a professor or a psychologist of the Institute of Psychology from this university. Our research project is carried out through two main methods: on the one hand, through semi-structured interviews with patients (recently admitted and longtime), interns, supervisors and screening personnel (see Appendix); on the other, through an ethnographic approach in which researchers take part in the supervision sessions of various teams that follow different psychotherapeutic approaches. Then we will discuss the processes concerning the diversity (plurality, multiplicity or unity) of the field in relation to the student interns and patients. In conclusion we will establish a comparison between the perspectives of ANT & PE and epistemology, besides offering an empirical reflection about the central concepts of these perspectives.

The production of worlds, subjects and modes of research

The vast majority of therapeutic practices in psychology seek to differentiate themselves from other practices that are placed in the margin and outside the scientific threshold through the use of several mechanisms. Traditionally, these are objectifying strategies such as models, concepts and methods: the so-called scientific approach. However, such psi therapeutic approaches also possess two characteristic features: 1) the rejection of suggestion and influence, which could justify the success of other practices that were created “at the margin of science”, 2) secrecy as a dual mode of creation, both of professional competence and of patient demand (Despret, 2011a).

The key assumption on the part of most supposedly scientific therapeutic practices is simply that influence and suggestion warrant the success of other extra-scientific practices. In this case, influence and suggestion become counter-explanations, which turn them into true placebo effects if they are compared with the “solid” results obtained by the so-called scientific therapies. These supposedly produce stable results based on a true representation of the truth that is held by the subject (or organism), with no production of artifice. It is in this sense that Freud (borrowing from Leonardo da Vinci) made the distinction between psychoanalysis and suggestive therapies. Leonardo da Vinci made the distinction between two modes of artistic production, *per via di porre* (painting) and *per via di levare* (sculpture): the first functioned by adding colors onto the canvas, while the second revealed a work of art that was hidden in the rough stone. For Freud (1969), the path of psychoanalysis is similar to that of sculpture (*levare*), while the suggestive therapies are akin to painting (*porre*). This distinction was supposedly present in a series of historical narratives in which psychological therapies had their origins or prehistory in the practices of witchcraft or shamanism (based on influence), which were continued or surpassed. However, these practices were improved inside a scientific framework (see, for instance, Ellenberger, 1976).

Authors such as Vinciane Despret, Isabelle Stengers, Tobie Nathan, and Bruno Latour, however, propose another perspective regarding this evolution. Influence is only a problem from an epistemological perspective, which assumes that scientific knowledge is obtained through the purification of data, in which the researcher’s task is only to represent the

objects with properly constructed statements. On the other hand, for these authors knowledge is always produced by the articulation and co-affectation between entities, in the production of unexpected effects, and not in any representational leap.

For Despret, scientific knowledge operates on the margins of the “misunderstanding of realization”, such as “that, in which events can be actualized simply because the promise they contain can come true” (Despret, 2002, p. 92). In this sense, a misunderstanding is not regarded as a parasitic influence that needs to be purified, but rather as an effective promise in the relationship between researchers and researched subjects involved in the production of knowledge. This is similar to what James (1996) named “the will to believe”.

If scientific knowledge can no longer be distinguished in terms of good and bad representations, by assuming an external term of evaluation (as is postulated by traditional epistemologies), how can it be evaluated? The answer lies in the specific modes of connection between entities, in a microphysical analysis of the modes of articulation. What characterizes bad and good articulations? In the first case, we have a situation where the articulation between various entities is extorted or conditioned to obtain an expected response, without any risk. In the second case, we have an articulation which the testimony goes beyond a mere response, creating to the risk of invalidating the researcher’s own questions and propositions and letting the researched subjects raise new questions: in other words, this constitutes a recalcitrant relationship. Scientific knowledge thus does not lead to a reduced and uniform reality, but to the unfolding of diverse possible worlds and subjectivities, including researchers and researched entities (Despret, 2004; Latour, 2004).

From this stems a singular characteristic of ANT and PE regarding the multiplicity of scientific knowledge. Most epistemological approaches identify multiplicity as a sign of a pre-scientific state, while the presence of a unified project and its rationality (Canguilhem, 1966) or a paradigm (Kuhn, 1962) is a sign of scientific activity. In ANT and PE, in contrast, multiplicity is considered more positively. Referring especially to PE, Latour (2004, p. 220) points out this positive approach: ‘Generalization should be a vehicle for travelling through as many differences as possible – thus maximizing articulations – and not a way of decreasing the number of alternative versions of the same phenomena’. This completely inverts certain critiques of the scientific status of human sciences, such as the one made by Canguilhem (1966) in regard to psychology.

Similarly, Mol (2002) and Law (2004) take multiplicity as a positive aspect of many scientific and technical devices in their concept of ontological politics. For these authors, more than being a representation of a pre-existing reality from the point of view of different perspectives, scientific practices produce distinct (multiple) worlds, without any ultimate unity (singularity), but are also not entirely inarticulate (plurality). Here, the term ‘multiplicity’ is specified: it is not an anomaly in a unique and singular world, as in the perspective of Euro-American metaphysics¹ (Law, 2004, p. 25), and neither does it point to a plurality of events without connections: ‘We are in a world where bodies, or organizations, or machines are more than one and less than many. In a world that is more than one and less than many. Somewhere in between’ (Law, 2004, p. 62).

¹ John Law (2004, pp. 24–26) considers Euro-American metaphysics as the common assumptions of the major modes of scientific knowledge, such as the precedence and independence of the reality to be represented, besides its definability, singularity and universality.

An example of this performed multiplicity can be found in Mol's study (2002) of arteriosclerosis, which is not seen as a pathological state inherent to the body that is represented in different perspectives (in the laboratory or in clinical exams). Instead, each one of these scientific practices enacts a mode of arteriosclerosis, a pathological reality that does not necessarily converge, but that is also not entirely disjointed. Mol uses the term *political ontologies*, since each scientific practice constructs a particular reality among other possible ones. This, in an interplay with other scientific practices, constitutes a multiverse: more than one and less than many.

Clinical devices and the ways in which subjectivities are produced

How can we conduct research on the ways in which subjectivity is produced in diverse technoscientific networks? First, we need to consider the remarkable diversity of political ontologies which are present in the great number of scientific devices and expressed in their multiple capacities of fabricating subjects or 'artificial selves' (Latour, 1998b). As we have seen before, this productive aspect of subjectivities is not considered by ANT or PE as a parasitic remnant, but as an actual aspect of the production of knowledge. The problem of certain scientific devices (such as those used in most psychological research) is that they very frequently present a mode of knowing based on the extortion of their witnesses (Stengers, 1989), not only in the way the tasks are demanded to be undertaken, but especially in how these observers are positioned, such that they rarely introduce problems or questioning. Here, Latour, Stengers and Despret all highlight the relative obedience and docility of human beings towards scientific authority:

Contrary to non-humans, humans have a great tendency, when faced with scientific authority, to abandon any recalcitrance and to behave like obedient objects, offering the investigators only redundant statements, thus comforting those same investigators in the belief that they have produced robust 'scientific' facts and imitated the great solidity of the natural sciences! (Latour, 2004, p. 217)

For Latour (1997, p. 301), the human sciences (psychotherapies included) would only really become sciences if they imitated not the objectivity of the natural sciences, but the possibility of recalcitrance. In other words, we can say that their major problem is not their capacity to influence and produce subjects, but to extort and create docility, inhibiting the possibilities of recalcitrance. In this way, while seeking the 'objectivity of the natural sciences', the human sciences frequently extort their research subjects, thus producing standardized subjectivities. This position stands in stark contrast to the perspective of thinkers such as Herbert Marcuse (1991), for whom the possibility of denial or resistance is a characteristic mark of human beings.

Regarding the clinical practices, Stengers states that if psychoanalysis can invent a device that enables subjects to use free discourse (Stengers, 1989), or even a laboratory for the production of controlled transference (Stengers, 1992), it prevents the risk through a transcendental reasoning on the concept of the unconscious (Stengers, 1989) and on the asymmetric placement of the problem of influence beyond its boundaries (Stengers, 1992). For this author, psychoanalysis is only subject to risk and recalcitrance when hypnosis and

influence (which were removed in the definition of its boundaries) are taken again into account.

In short, how does this concept of knowledge beyond epistemology explain the production of subjectivity in psychology?

1) By stating that the production of a subjectivity (see Latour, 1996, 2004, 2005) goes beyond being an accident or an undesired effect of the process of “the unveiling of our true subjectivity”, and rather marks this coarticulation itself among the agents involved in the process of the creation of knowledge.

2) When it examines the topic of influence not only through the criticism of its exclusion from the clinical domain (Stengers, 1989, 1992), but in a more positive way through Nathan’s approach (1996). Here the meaning of therapy is related to that which Latour (1998) calls the production of “artificial selves”.

3) In accepting that the production of a subjectivity is a crucial part of the scientific and the clinical processes, and that these can no longer be evaluated in terms of objectivity or detachment from the practices of everyday life, but in terms of recalcitrance or docility. How can we apply this distinction in our field?

Despret (2004) asserts that the possibility of recalcitrance in psychological testimonies, which is quite rare, is even more difficult to achieve due to devices that place participants in a “naive” position, not knowing what the objective of the research is. Subjects without the excellence of expertise do not pose a risk of taking up a position in the investigations (p. 97). Current psychological laboratories are based on this arrangement. And we could also add many clinical devices that have been made impregnable by the position of scientific authority of the researcher and by certain concepts such as resistance, where the statement of truth is a task reserved only to the analyst, even when the individual that is being analyzed disagrees. In this case, the patient’s refusal only points to a stronger confirmation of the analyst’s interpretation, with no possibility of jeopardizing the clinical device.

This mechanism of docility in the clinical field (created by the authority of the therapist) is reinforced by the policy of dual-secrecy highlighted by Despret (2011a). First, by transforming everything that might generate a symptom in the patient into a private secret. Secondly, the therapist’s intervention is executed in the same confidential manner, thus establishing this secrecy as a crucial aspect of his or her professional competence. Here it is worth investigating what this dual segregating mechanism produces. For this Despret makes use of the etymological origin of the word “secret” as the past participle (*secretus*) of the Latin verb *scenere* (to separate). Thus, these practices of secrecy are equally “secreting” and “segregating”, separating the private domain from the public through a subjective construct. It is in the private domain where one produces the intimate truth of the disease that can be treated only through secrecy by the therapists.

One consequence of this secreting/segregating policy of intimate truths is “the unnamed effect” that transforms the patient’s discourse into an anonymous authorship in the reporting of their cases. This anonymity is initially justified as a way of protecting patients, safeguarding (and certainly producing) their intimate sphere. But one might as well understand this protection as being not only for the patients but also for the therapists, safeguarding them from a public domain that is open to criticism. However, this anonymity contrasts with the authorship of the therapists and indicates a clear asymmetry in the field of the production of knowledge, in a similar way as the “naive subject” device in the

laboratory. The investigated subject in the laboratory and the patient undergoing therapy at the clinic are assigned predetermined spaces: for the first, that of exact responses, and for the second, that of symptoms and intimate secrets. Both are anonymous in a production of knowledge driven (and almost monopolized) by the psi professional, whether he or she is a researcher or a therapist.

Is there a possible alternative to the interaction of these “micro-powers”? Despret (2004, p. 102) indicates a possibility for psychological devices: these can be “the place of exploration and creation of what humans can be capable of when one deals with them with the confidence that one reserves for experts”. In other words, it involves a psychology that no longer seeks the monochord testimony of a universal law in a secret or in the reactions of the subjects to predetermined conditions, but that seeks ever newer versions of the ways in which we can create ourselves as subjects through the performance of the researched subjects. This approach does not contain any previous naturalizing principle to evaluate the daily affairs and transcendental foundations of our existence, for any principle can only be defined in the different and multiple articulations of our versions (including those of our everyday lives).

Lost in a labyrinth: walking through a division of applied psychology

Rather than continuing this critical analysis of the clinical practices, we would like to draw attention to the micropolitical effects of research and clinical practices. The production of worlds or subjectivities involves great political risks. More specifically, we will dwell on a research programme that our group has been developing at the Division of Applied Psychology (DAP) of the Institute of Psychology of the Federal University of Rio de Janeiro (UFRJ), in order to observe the diverse ways in which certain psychological guidelines entail distinct ways in which subjectivities are produced (Ferreira et al., 2013; Ferreira, Pereira, & Foureaux, 2014). As we presented in the beginning of the text, the DAP offers psychotherapeutic services that follow different approaches (psychoanalysis, cognitive behavioural therapy (CBT), Gestalt therapy, schizoanalysis and existential analysis, among others) to the community as a low-cost (or even free) service, employing student interns as therapists, who are supervised by a professor or a psychologist of the Institute of Psychology. Our research is undertaken through interviews and field observations of the participants’ actions (patients, interns, and supervisors) when they are put in contact with different psychological services, tracing the many ways in which these subjects are formed through different kinds of articulations. Our research makes use of some parameters of the ANT and PE: the participants are taken as experts on the topic, without any division between common and scientific knowledge; and, since they are considered experts, we ask them to describe their practices and experiences, as well as the clinical processes. In other words, we follow the actors and their descriptions of their actions.

We have been observing supervision sessions (where the clinical cases are discussed by supervisors and interns)² through an ethnographic approach (Caiafa, 2007), and have been interviewing patients, interns and professors-supervisors in clinical services of different

² Supervision sessions are weekly meetings between supervisors and interns with the aim of discussing the cases worked on by the latter. Their function is not only to improve their approach toward the cases, but mainly to train the students in clinical practices.

approaches (psychoanalysis, CBT, Gestalt therapy, institutional analysis and existential analysis). We also inspect further actors in this scenario, such as the architecture of the building, the laws that regulate internships, the rooms where the sessions are held, and so on. A base questionnaire works as a general script (see the Appendix), with an open space for the hints and indications of the participants. In order to prevent the questions from being seen as a test of knowledge, we often ask the participants to share their thoughts about what they consider to be the best research topic for a group studying the DAP (as proposed by Despret, 2011b). In this way, we expect that the participants can assume a position of expertise that can favour a more recalcitrant effect. One of the objectives we are pursuing with this research project is to understand how the negotiation of meanings between such different lines of thought with different parameters can happen in this common space. Latour (1999), when speaking about the creation of scientific concepts, coined the concept of ‘immutable mobiles’, which allow ‘new translations and articulations, while keeping some forms of relationships intact’. Generally in psychological technical devices, we point out that, unlike other sciences and techniques, there are several ‘mutable immobiles’ (Ferreira *et al.*, 2013); they are immobile because they are restricted to a certain approach, and mutable thanks to their potency in producing different subjectivities in connection with their socio-technical arrangement. In other words, there is the rare possibility of articulation between different psychological approaches in the DAP, which leads us to suspect that this set of practices is much better characterized by plurality than by multiplicity in Law’s (2004) terms.

We have searched for a point in which these aspects connect and articulate: conceptual articulations, the sharing of experiences between interns, and even the circulation of patients between different teams of different perspectives. What we observed is that there is no form of contact that can guarantee even the slightest articulation as multiplicity: the interns are not allowed to discuss the cases during the reception of patients in the triage room and, even though the various teams are open to the circulation of patients from team to team (as they declare in the interviews), this rarely occurs (according to those same interviews). How does this state of plurality engender processes that produce subjectivity? We can investigate this both from the perspectives of the interns and of the patients.

On the intern-therapist’s side, much of their education consists in the constant criticism of other approaches; it is almost as if a part of the pedagogy of becoming a psychologist of a certain approach is to accept its share of criticism against the other approaches. This is in line with Foucault’s (1994) claim that psychology grows by denouncing the myths of others approaches (concerning the duration and focus of therapies, as well as the concepts of the different approaches). An interesting effect of subjectivation (Ferreira *et al.*, 2013) takes place when an intern inhabits more than one approach: for instance, there was an intern working in a psychoanalysis team who reported having worked in a CBT research group. Even if she wasn’t constrained in a more problematic way, she reported a series of daily acts of prejudice, involving stereotyped views of both approaches: of CBT as a practice of self-help and of psychoanalysis as linked to questions of sexuality or to severe abnormalities. She even reported being questioned for having both of those experiences on her CV. This leads us to the conclusion that the obstacles to the circulation and composition of a common world across different psychological approaches can be radical to the point of it being impossible for them to inhabit the same professional career or the same body. A process like one of purging (of the former practices) and of conversion (to the new ones) would seem to be necessary.

This question of plurality does not affect the patients when it comes to defining an identity: the association with a group that manages a specific therapeutic practice isn't an issue for them. Likewise, their processes of subjectivation are not limited to transformations in the therapeutic practices: patients link therapy to very diverse practices in very active ways. We can define patients in various ways, but not as passive and patient creatures. When analyzing the interviews, rather than classifying the practices of a given approach as either extortive or as favouring recalcitrance, we found a series of clues in the uses that patients made of the therapies that pointed to specific techniques of the self (see Ferreira et al, 2014). These manifested in attitudes of problematization of the self and instances of collective life – such as prejudice, stereotypes and subliminal messages – which led to rather peculiar exercises, such as the creation of diaries and the appropriation of therapist's discourses.

Rather than simply classifying the clinical practices as producing docility or as open to recalcitrance, we tried to use those concepts to assess the openness that research itself can achieve in relation to recalcitrant discourses, acting on the modes of the production of subjectivity. In this sense, reflection on our practices should be constant. Here, it was our intention that the practice of becoming unfamiliar with ourselves should involve both the act of researching itself and the revision of concepts (such as the boundary between docility and recalcitrance). Thus, we could ask ourselves how mutually exclusive recalcitrance and docility really are, if we take into account the modes of articulation.

A short conclusion

This chapter/article offers a way of exploring in an ANT and PE fashion the multiverse of a Division of Applied Psychology. In the most controversial sense, we can define it as a Babel tower of psychotherapeutic tendencies and a kind of cyclotron laboratory that produces subjectivities. In this regard, we think that more than considering psychology unified, multiple or plural, it is crucial to concretely examine its lines of continuity and rupture. This is the greatest difference between these kinds of analyses and the epistemological ones (e.g. Canguilhem, 1966 or Lagache, 1949): these last works try to discuss and establish the entire nature of psychological knowledge *a priori*, without any attention to specific practices. Another difference between epistemological and ANT/PE perspectives is the tendency to believe in a purified (or not) perspective of the clinical field and the subjective process. As we could see, Freud (1969) establishes the difference between a legitimate and an illegitimate approach toward therapies as the comparison of two artistic styles: if true therapies work as sculptors, revealing true subjectivities, false therapies work as painters, adding false components to the realm of subjectivities. In the epistemological perspective, the production of subjectivity is an illegitimate process; it only exists the revealing of true subjectivities mediated by true therapies.

Through this research we were able to begin describing the DAP using ANT's and PE's perspectives; nonetheless, this description can be improved by adding other important questions: 1) Is this expert position the only requirement for an investigation to be characterized by recalcitrance? 2) Is there a total coincidence between the expert/naive and recalcitrant/docile positions? Is there no possibility for a less dualist typology that includes other intermediate cases? Concerning both questions, it is necessary to emphasize that the expert position cannot be an isolated criterion for recalcitrance. This question is a consequence of actual results of an investigation into the psychological modes of subjectivation with high school students in Rio de Janeiro (Ferreira *et al.*, 2011): the distinction between groups submitted to "expert" (knowing the objectives of the

investigation) and “naive” (not knowing the objectives of the investigation) devices did not produce very different results. The same occurred in the present investigation performed with patients of psychoanalytic, cognitive behavioral, gestaltist and schizoanalytic therapies in the Division of Applied Psychology of the Federal University of Rio de Janeiro (Ferreira *et al.*, 2013, 2014): the invitation to take up an expert position does not necessarily imply leaving a naive position. Even with all the efforts to co-divide the role of expert, the interviewed patients could still see themselves confronted with a strong component of “authority” in the psychologist-investigator, which could lead to a situation in which the interviewed patient assumed that the interview was a “test of psi knowledge” about their own experiences. Once the role of knowing more than the interviewed psychologists is attributed to the psychologist-investigator, the psychologists generally offer very canonical answers (that do not differ greatly from the traditional handbooks) about the psychologies and the therapeutic processes. Concerning these aspects, we can indicate that recalcitrance and docility are not absolute criteria, but can be considered to be on a spectrum and are not exclusively defined by expertise (or lack thereof). Circumstantial aspects of the research design are crucial in the definition of the degree of recalcitrance.

And last but not the least, it is very important to emphasize that this approach combining the perspectives of ANT and PE in the production of subjectivity is strongly promoted by researchers of Ibero-American countries (Ferreira & Carrasco, 2016). This approach can, from a southern perspective (Santos, 2014), foster new perspectives for studying the production of subjectivities, similar to what ANT did for research into the modes of production of realities. In our view only the polyphony of this field is able to expand our versions of subjectivity and psychotherapies as in the works of Tobie Nathan (1995, 1996), by proposing therapies with a very different ontology and epistemology.

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Acknowledgement

To CNPq and Faperj, considering the support for this research.

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Appendix (Scripts)

For this we prepared four distinct interview scripts:

- 1) Patients in the therapeutic process at DAP/UFRJ;
- 2) For interns of the stages at DAP/UFRJ;
- 3) For internship supervisors at DAP/UFRJ;
- 5) For interns responsible for the screening at DAP/UFRJ;

Here are the specific scripts:

1) For patients in the therapeutic process at DAP/UFRJ;

- a) Suppose you were in our place as researchers on the presence of psychotherapy in people's lives (especially in DAP), what would you find interesting to ask?
- b) How would you answer this question?
- c) What are your main experiences when you entered the DAP space?
- d) What do you think has changed during this treatment?
- e) What act, gesture or therapy procedure do you consider the most important in treatment?
- f) Do you think that the psychological treatment is best suited for the reason that brought you here?
- g) What do you know of the approach (line/school/guidance) with which you are being treated? Do you know other approaches?
- h) In what ways do you think that psychology can help someone?
- i) What is psychological therapy in your point of view?
- j) What is psychology in your point of view?
- l) Has anything changed in your vision of psychology?

2) For interns of DAP/UFRJ services:

- a) Suppose you were in our place as researchers on the presence of psychology in people's lives (especially in DAP), what would you find interesting to ask?
- b) How would you answer this question?
- c) What are your main experiences when you entered the DAP space?
- d) How would you describe the moment of first meeting with the patient? Is it necessary to explain to him or her what will happen during the sessions?
- e) What act, gesture or therapy procedure do you consider the most important in a treatment?
- f) What do you think changes in patients' lives after the intervention of their training group?
- g) Do you think the line you train in is the most appropriate for most of the demands present in the DAP?

- h) How do you see the relationship of your line of intervention with the other lines of psychological treatment?
- i) Would you forward a client of yours to another treatment line?
- j) In which cases would this referral be appropriate in your opinion?
- l) Do you find it difficult to integrate theory and clinical practice?
- m) How do treated people think and understand psychology and therapy?
- n) How does this influence or interfere with the therapy?
- o) What is your vision of healing in psychological treatment?
- p) What is psychological therapy in your point of view?
- q) What is psychology in your point of view?

3) To internship coordinators at DAP/UFRJ:

- a) Suppose you were in our place as researchers on the presence of psychology in people's lives (especially in DAP), what would you find interesting to ask?
- b) How would you answer this question?
- c) What are your main experiences when you entered the DAP space?
- d) What are your first instructions to the interns?
- e) What act, gesture or therapy procedure do you consider the most important in a treatment?
- f) What do you think changes in patients' lives after the intervention of their training group?
- g) Do you think the line of your training is the most appropriate for most of the demands present in the DAP?
- h) How do you see the relationship of your line of intervention with the other lines of psychological treatment?
- i) How do treated people think and understand psychology and therapy?
- j) How does this influence or interfere with the therapy?
- l) What is your vision of healing in psychological treatment?
- m) What is psychological therapy in your point of view?
- n) What is psychology in your point of view?

4) Script for trainee screening personnel at DAP/UFRJ:

- a) Suppose you were in our place as researchers on the presence of psychology in people's lives (especially in DAP), what would you find interesting to ask?
- b) How would you answer this question?
- c) What are your main experiences when you entered the DAP space?
- d) Do you see that certain cases are referred to certain treatments during screening?

- e) What is your mode of referring the patients when they come for screening?
- f) Would you propose another way to refer to them?
- g) How would you describe the moment of the first meeting with the patient? Is it necessary to clarify something about the treatment?
- h) What is your vision of healing in psychological treatment?
- i) What is psychological therapy in your point of view?
- j) What is psychology in your point of view?

The participants of this research project are recruited differently. The interns and the intern coordinator are contacted in the meeting with the training staff. The patients who entered into the intern treatment are being contacted by the teams themselves. Considering the participants as experts on the topic of the research, all data obtained by interviews is being considered, except for those in which participants refuse to have their data used by the research (according to an informed consent agreement that will be provided).