

THE EXPANDED SOCIO-HISTORICAL PSYCHOLOGY CLINIC OF SEXUALITY: REASONING AND MANAGEMENT IN INDIVIDUAL AND GROUP CARE

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Abstract

The present work develops from the academic research in the Laboratory of Health and Sexuality Studies (LHSS). We acknowledge the need to expand the debate and the performance focused on clinical assistance to Socio-Historical Psychology's (SHP) critical perspective. This shift in perspective enhances the likelihood of questioning the heteronormative social standard. We identify the Expanded Psychology Clinic as a way of changing patterns of the heteronormative status quo, creating other possibilities of gender identity and sexual practices that are not considered abject. Our clinical practice oversees (or monitors) individuals and groups of people living with sexually transmitted infection (STI) in conversation circles/discussion groups where sexuality is the main topic. This study found little research in Socio-Historical Psychology that could help define parameters for a critical perspective of clinical practice. Studies done on SHP clinical approaches to psychological suffering that could be related to sexuality were also scarce. This project developed case studies and discussion groups (conversation circles) about health and sexuality. The general objective is: set the SHP parameters and propose scientific reasoning and clinical management to understand issues related to sexuality, like sexual activities and gender identity; evaluate the clinical practice criteria. Method: we are developing case studies and online discussion groups (conversation circles). Results: This study evaluates the dialectical and ambiguous construction of the client and group's subjectivity through their speech and the conflicts contained in it, which repeat social contradictions. The case studies and groups define a challenge for the clinic in the dialogic deconstruction of hegemonic models of masculinity, femininity, and heteronormativity.

Keywords: *Expanded clinic, conversation circles/discussion group, sexuality, mediation, psychotherapy.*

1. Introduction

This paper presents a summary of the work developed by the Laboratory of Health and Sexuality Studies/ Pontifícia Universidade Católica de Sao Paulo/Brazil, Nowadays we have been studying sexuality and gender human rights, in Socio-Historical Psychology (PSH) from the perspective of Expanded Clinic.

We have been developing case studies and discussion groups (circles of conversation) about health and sexuality with the following theoretical-methodological parameters from historical and dialectical materialism: who is the subject; subjectivity; historicity; sexuality; gender relations; mediation; narratives

1.1. Subject

The Socio-Historical view of Psychology conceives humans as historical beings that constitutes their movement over time, forged by social, cultural and relationship conditions. The individual-society relationship is seen as a dialectical relationship, in which one constitutes the other (Kahhale, 2009). The psychological phenomenon, all internal elements, arises from the relations of men with their physical and social world. Social character is a condition inherent to people, and even though we consider certain needs biological, they are also mediated by society and governed by social rules and conventions.

1.2. Subject and subjectivity

The subjective dimension of reality is the category that characterizes the dialectical relationship between the individual and society. Although reality exists independently of the subject, the individual acts in the world, adding subjectivity to objectivity. Therefore, "one must speak of an objective-subjective process that constitutes social reality" (Gonçalves, 2019, p. 112). Thus, the subjectivity-objectivity dialectic is paramount for this understanding and the subjective dimension is the subject's expression concerning his concrete lived experiences. The discussion of the subjective dimension of reality allows us to expand fragments and emancipatory spaces. Autonomy must be intersubjective, achieved through a network of sociability to achieve the autonomy of each subject, which can only be achieved through the autonomy of all.

1.3. Historicity

The category of historicity presents the historical character of human development. The human being develops in the environmental circumstances of a social, cultural, and economic context, determined by the historical period in which they are inserted. In the current historical period, under the neoliberal perspective, the effects of historical context on individuals are disregarded by culture, which results in naturalization and individualization of social inequalities, making it difficult to construct these collective tools of emancipation (Gonçalves, 2019). According to Pereira and Sawaia (2020), Gonzalez Rey shows that psychology should promote health through the ethics of the subject, the transformation of individual and social subjects into activity to produce new alternatives under objective conditions that delimit human actions. These authors also affirm that groups are spaces where people can build development zones, experimenting with who they are and might become (Martins, 2007; Pereira & Sawaia, 2020, Zanella, Lessa & DaRos, 2002).

According to Kahhale and Montrezol (2019), a psychologist oriented by socio-historical psychology must place the subject as an active being, producer, and product of his reality; it must act as a mediator, by taking the subject to self-knowledge and self-analysis. In the context of a capitalist society, the clinic must be engaged in social commitment and be a collective production plan.

1.4. Sexuality

We will then analyze sexuality from the perspective of Socio-Historical Psychology. The first determination of sex would be in principle genetic or biological. However, it is constituted in the individual not only as a genetic issue but, mainly, as an expression of the social, cultural, and historical conditions in which this individual is inserted. "Social sex - therefore, gender - is one of the structuring relationships that places the individual in the world and determines, throughout their life, opportunities, choices, trajectories, experiences, places, interests." (Kahhale, 2002, p.179)

1.5. Sexuality gender

The gender category, or gender relations, is tied to a socio-cultural construction of the constructs of women and men in a given society. (Scott, 1994,1995; Louro, 2007, 2009). How societies organize themselves for sexual reproduction and the social reproduction of work establish the "guidelines" of the relations between men and women and among themselves. In contemporary societies, these relations result in asymmetric relationships. As such, gender starts from the differences perceived between the sexes, which then results in social and cultural meanings as power relations.

Since sexuality is a historical device, it is involved in multiple discourses about sexes. Discourses that regulate and establish knowledge, that produce "truths", crossed by the projection of "Man" and "Woman" by society and are clearly expressed in the various social institutions and in the mechanisms that seek, through different ways, to bring men and women closer to a certain ideal. That ideal drives both the formation of gender identities and the desired sexual identities (Scott, 1994,1995; Louro, 2007, 2009).

Sexuality is a symbolic and historical process, which expresses the constitution of the subject's identity and how they practice intimacy (public vs. private), as well as the meaning of norms, morals, and group ethics (group in which it is inserted). Sexual expression is a multidetermined, dynamic, and historical process both individually and collectively. (Kahhale, 2002, 2009). Another important aspect is that sexuality fulfills not only the social function of reproduction of the species, but also the function of the search for "personal", individual pleasure. The matter of pleasure, although it has always accompanied sexuality, was not always explicit in its relation to the dominant morality. In our Western society, sex and pleasure were separated, reunited only by the bond of love. Pleasure is seen as authorized when there is love involved, while sexuality is reduced to an individual question, breaking away from social and historical realities. Sexuality is conceived as something that belongs to the natural individual and must be contained by societal rules. Pleasure is an experience of the singular individual, but their references, possibilities,

limits, stimulus, and impediments are in social relations and culture; it is from this place that each will withdraw the elements to build their identity.

1.6. Mediation

The concept of mediation must be taken as procedural, in which an intermediary element intervenes in a relationship. Such intermediation is semiotic, since the mediated process is not by pure reality "in itself", but practiced by a reality full of meanings. Approaching the context as already signified implies that it was "built throughout the social and cultural history of the peoples" and that from this construction we produce individual and proper meanings through the process of significance (Berni, 2006, Pino, 2000, Leontiev, 2004, Vigotski, 1987a, 1987b).

1.7. Narratives

The narratives contemplate the subject of the action and with it, their subjectivity revealed through these forms of communication of culture. Each subject narrates their story from their subjectivity since they see the object from its place in the world and selectively builds their narrative, marking their trajectory according to their conception of the world and their perception of themselves (Sformi, 2008, Striquer, 2017). How these narratives act as management in a clinic where the client-therapist dialogue is constant, in addition to investigating how the narrators' subjectivities and meanings present themselves in their narratives, focusing this analysis on the particularities of issues related to gender, sexuality, and corporeality.

2. Method

We have been developing case studies (21 at moment) and discussion groups (circles of conversation) online (30 at moment). Individual assistance takes place weekly or fortnightly according to the evolution of the client. The discussion groups take place every week for an hour and a half, on the Zoom platform coordinated by 4 researchers. In general, it counts with the participation of 15 to 20 people. Participants are adults registered through the Instagram account @camisanodiminutivo, managed by the researchers. The project was sent and approved by the Research Ethics Committee of Pontificia University Catholic of São Paulo/Brazil.

This study starts from the epistemological principles of historical-dialectical materialism that support the Socio-Historical view of Psychology. To account for the multiple aspects involved in the development of clinical practice in SHP, we aimed to analyze, at first, some categories in depth: subject and subjectivity, historicity, identity, and gender identity, mediation (instruments and therapist and the group coordinator), and narratives.

3. Results

Regarding case studies and round conversation, we can observe male clients, for example, that have become aware of historical and material processes involved in their development as a subject and in relation to their way of thinking as non-heterosexual men, but that are still surrounded by some privileges of masculinity. The dialectic between hegemonic patterns of masculinity and affective choices is expressed in the way the homoaffective relationships are built, with various difficulties in sexual practice. These cases pose a challenge to the clinic in the dialogical construction and the deconstruction of the hegemonic models of masculinity and the affections and desires placed in homoaffective relationships.

To the present moment, we have made 30 rounds of online conversation with the following themes in the conversation groups: what is sex; STI: care and stigma; masturbation; sexual education; sexual education of children and adolescents; pornography; LGBTQIA+ pornography; non-monogamous relationships; lack of libido; hypersexualization of the Brazilian black population and fat women also have sex.

The analysis of the data shows the presence of the historicity category as one of the aspects that permeate the individual and social life of clients. This category was noticeable in the issues of race, gender and sexuality, social class, and meritocracy.

4. Conclusion

Coordinating (individuals or groups) requires listening in a qualified way, which in turn requires attention to the content and affections involved in the subject's speech. Mediating dialogues enables the group to a development zone, promoting interactions, collaborative actions and exchanges of experience,

which happen due to a horizontal organization of the relationships, as well as an understanding that the coordinator does not define the path or the answers to the questions.

To have a critical view of the social context implies having knowledge about the concrete context of the participants' lives, through understanding that individual suffering is the product of historical and social context; in turn, this highlights the dialogue that questions truths recognized as immutable.

We can conclude that the challenge of the expanded clinic requires reflective and dialogical work to deconstruct the hegemonic models of masculinity and femininity, sexuality, and the affections and desires placed in affective relationships involving sexual diversity. And promoting the empowerment of people and access to human rights.

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