

SOCIAL REPRESENTATIONS OF THE PATIENT IN A PSYCHIATRIC SPACE

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Introduction

The study of the Social Representations of the patient in a Psychiatric Space gives us the possibility to confirm the symbolic character of a complex cognitive, dialectic and multidimensional process, shown through the phenomenon of speech located into a context of power domination and submission relation.

The Psychiatric Space is a highly structured social field which involves, actor's roles and well formalized speeches, clearly delimited. The drama of interaction doctor-psychiatric patient is solved into a scene where actors play very well established roles, complementary and contradictory and where it is also possible to anticipate or to have a previous idea of the conclusion, in terms of a subject heroic- actor, who makes something to somebody, something that must have been previously considered as an object for this drama to be possible to be set.

Thus, the relation power – domination – submission, is the main semiotic axis of this interaction, which asks for cosification and even auto-cosification actor – patient as a functional requirement.

We understand social representations as patterns of interpretations, conceptualization and categorization processes based on the links subject – system, social – “world of life”. It has to do with a grammatical production and with a sense of recognition with a very social policy since it is generated by a mediated inter – subjectivity for the social life context, this one acts as a main axis of the social conditions of producing a concrete representational speech.

Both social presentation and the power relations (power and signification) constitute the basic sources to generate the inter- subjectivity which afterwards is solved in terms of reproduction of an institutional device of Itself, which at the same time guaranties “Set on the scene” of the social drama we are speaking about, as school – jail – hospital or mental hospital. The social representations play complex processes assigned not only as a cognitive matter to understand them, since they are or constitute power relation to the inner part of subjectivity. In this sense we would have complex relations established among subjectivity, power and language.

1. The Problem

This research focuses on the possibility to understand the patient’s speech about illness and about psychiatric Institution, related to the way social representations are structured, regarding to the doctor’s role, the patient’s role, himself, the meaning of illness for the subject and for the institution itself.

This system of representations is transversally crossed by multiple relations of power and relations of signification which have to do with the character of an authority speech the doctor assumes, the patient’s “life – world” and the experiences lived individually and collectively. The speech of authority medical – psychiatric bases its policy of rationality power technical – Scientific which legalizes it as a “Knowledge priory” which means “free of context” (Rodriguez, 1997-1996). The world of life (Language – culture) and the lived experiences acquire a signification to the patient into the context of the logical speech of the medical scientific authority.

Now, what is the nature of these representations? – What is illness for the patient and what signification does it assume? – How does he see himself in the process and how does he see the doctor and the Institution?

The psychiatric space is a social space where the Episteme is well located (general way of knowing) (Moreno, 1993) and where the role and the way of producing grammatical speeches is assumed; it means the way of producing and of recognizing the dominant sense. This Episteme constitutes subjectivity, speeches, representations, actors and behavior in general into a determined society space. We are interested in finding out the way the

rationality of the medical psychiatric space speech trespasses the scientific community field, reduced to the ones who share the discipline and it becomes an Episteme controlling the way of producing and of recognizing the senses in everyday attitudes.

In this sense we wonder about the way the speech takes part, at the same time as a producing condition of the patient's speech, becoming an axis of production and a recognition of sense, related to the signification craziness assumes, concepts of normal – pathological, crazy - sane, doctor – patient, etc.

On the other hand, it is also interesting to see how social representations constitute not only a product of psychiatric rationality which determines them but also a stressing fighting field, between the techno – scientific logic, and one way of seeing things consciously spontaneous or a regular knowledge coming from the world of life (Habermas, 1989).

II. Objectives

- General: Determine the types of social representations that can be found into a medical space in a psychiatric patient, through the analysis of the discursive (speech) production.

- Specific: Detect the type of social representations of the psychiatric patient with a diagnosis of psychosis in a mental health service in Ciudad Bolivar (first semester 1999) in relation with:

1. His symbolization of Illness (it's own illness);
2. His perception of an Institutional Space, defined in terms of: medical role, therapy and hospitalization in general.
3. His perception of himself in the process of illness.

III. Some Basic Assumptions

1. Considering the sociocultural character of the Institutional context into which the patient consciously realizes the experience of illness, we suppose it could always be seen as:

- a) An external situation which puts it as an objectification of the illness.
- b) Then, it is an externally controllable phenomenon (in this case because of the techno – instrumental rationalization of the scientific medicine).

2. Posing the logical and epistemological policy of the medical speech of authority as a fundamental condition of producing the speech of a psychiatric patient, let us suggest that:
 - a) The psychiatric and medical role will be seen as a symbolic mediation (intermediary) between the ill patient, disturbed and into the imaginary of the illness, and the socially accepted reality.
 - b) This presupposes that the patient will see himself as a negation of being and existence.

IV. Methodological Strategies

The kind of methodology used for this research has a qualitative character. It was worked out by focusing on the subjectivity, phenomenological hermeneutic, through deep interviews taped. Thus, it is not a quantitative research based on the distribution of frequencies but a transversal frame of analysis, examining the oral or verbal tells (narrations) of investigated subjects, one by one. These verbal manifestations of the patients were structured into a corpus, according to the categories of analysis previously defined ad hoc for this research. This corpus which constituted the verbal manifestations of the patients was then transformed into representational maps or subject vital maps based on Veron's technic for speech analysis (1987).

We started the analysis focusing on the experience the patient had in relation to illness and to the institution to follow up the "discursive track" to the representational and symbolic trauma present or shown by the way the patient tells or refers to his or her institutional and pathological experiences lived. This followed by a reconstructive analysis of the verbal information in terms of text which is preexisting by parts and constructed by parts within the hospitalization process.

Eight female and male hospitalized patients with a diagnosis of psychosis into a remission of symptoms period were interviewed. The selection of psychotic patients was motivated first by the fact that they represent stronger and chronic cases and second because they stay at the hospital for a much longer period. This investigation was made at the psychiatric hospital in Ciudad Bolivar; it lasted 3 months.

1. Social Representations: ways of a social construction of the reality attending the character of explicative comprehensive and interpretative patterns of the real-life phenomenon of a common subject. It is an Epistemology of a common knowledge.
2. Rationality: way of relating logically purposes in terms of adequating or adapting them to means. Max Weber speaks of different kinds of rationality: The rational action related to values and the rational action related to purposes (Weber, 1977). The rational action related to values is a normative rationality while the rational action related to purposes is a strategical rationality which aims at attaining goals.
3. Instrumental Rationality: When means go over purposes, substituted as the only factor for worrisome into the orientation of the action, we can speak of instrumental reason. The only thing that counts then are the means not the purposes or the means which are instrumental elements become purposes themselves. This problem was presented almost in an obsessive way by the denominated “School of Frankfurt” and in a way even more propulsive by Adorno and Horkheimer who, along with the hypothesis about industrialized society, view it as a civilization that hypertrophied the instrumental reason over any other consideration.
4. Techno – Scientific Rationality: the instrumental reason in the late capitalism societies has got into a techno – Scientific rationality since Science and technology are the main axis of production and of the recognition of hegemonic sense.
5. Episteme: we understand by Episteme, a determined way of thinking which generates a general way of knowing and a way of giving sense to things, a way of producing rules allowing you to distinguish true or false, the normal from the pathological (Foucault, 1986).

From the episteme as a cognitive style or a way of producing learning, paradigms are built this is applicable not only in Scientific research but also in the way of producing knowledge in everyday life.

V. Analysis and Interpretation of Results

Subject n° 1.

1. Analysis of Data

1-a. Representation of Illness

Illness is the result of the consequences of any excess

- Illness as a consuming of toxic substances product, *“I know that coffee and alcohol close me the doors, that was alcohol, alcohol affects our mind” – “A man has to care about his personality and has to recognize when something does harm to him”.*
- Illness as a product of sexual practices excess *“to be able to keep yourself well you should try not no think in bad things” – “masturbation affects, specially the boy who doesn’t say it.”*

1-b. Representations of Institutional Space.

Psychiatry as a Real Speech.

Psychiatry is a mean to meet reality – *“the more psychiatrics you know the better you know the world “ – “I am getting to know the world better” - “ I am getting to know people better”. Psychiatry as a saving life style, “I have realized that we can not live without medicine.”*

1.c. Representation of Itself.

Itself as an excluded object from process.

The Itself does not appear as a taking part element into the illness problem. The Itself is an abstraction since it does not refer to concrete processes, which could be present in the complete determining process, the course and in the rehabilitation of the illness.

2. Interpretation of the Results.

Illness is seen here as a strange object to the subject which comes out as a product or a result of an excess of consuming toxic substances which could take you to the point of losing mental balance. On the other hand, uncontrolled sexual practices could also lead you to insanity as it happens by excessive consumption of toxic substances.

We can observe into these fragments of the patient’s speech that there is some hiding of reality which means the trauma of the patient is in relation with himself, the other one and the world in general in social relation terms which are always conflictive without

representing themselves as a main axis in illness determinations and in the recuperation from the rehabilitation process.

The hospitalizing experience constitutes for the subject a creating main experience of this new subjectivity because of the character of maximum learning it means. Psychiatry appears here as a policy of absolute reason, founding and giving meanings not only to the illness process and to rehabilitation but to the subject himself.

The representations this subject has of himself cannot be approached through the presence of an attributed signification system to this structure but through the absence of any speech or talk about himself as a feature present through all the process. It is from his ellipsis of subject, from his elision of anything referring to himself, that we can say this is an auto – exclusion.

Subject n° 2

1. Analysis of Data.

1.a. Representation of the Illness.

The illness like product of losses.

The illness is seen by the subject as a result of affective loses which affect balance with reality. *“That happened when I lost my mother, I lost the man I lived with” – “I have gotten heart beatings and pain in my heart, and I have been badly affected because, I was be apple of my mother’s eyes”.*

1.b. Representation of the Institutional Space.

Psychiatry as a Instrument of Imaginary Transformation.

- the type of transformation Psychiatry has made on this subject involves Imaginary transformation characteristics because he used to be a frustrated person and he feels realized now, moreover into the interpersonal relations field, *“because I have gotten till her – I have been cured, I have talked, I have taken part in different things with other people” – “I feel sure of what I speak with other people now”.*

Psychiatry as an Auto – cognition Instrument.

Psychiatry is also a mean to reach the cognition or understanding of itself thus to work out the transformation the subject says he has reached. *“I have improved because I really know*

myself now” – “medicine has changed me for the health itself, for everybody, because they really cure us – they prepare us to get our goals”.

1.c. Representations of the Itself.

The Itself as an external intervention object.

Perception of Itself in these conditions has the connotation of an object external to the subject and of an open field for any medical intervention or any other type of intervention (including the magic – religious aspects). *“Here I am, I have been cured. I fulfilled or followed my Treatment because they make us follow a strict schedule”.*

2. Interpretation of Results.

Illness as a product or result of multiple affective losses is the way the patient symbolizes the process of illness. In a world of objects, the possession of affective object (mother, husband, etc.) constitutes the platform where the trauma of relations with others is found and with the world in general. Losing these objects also means losing the sense of existence. This kind of representations hides complexity of inter – subjective relations, excluding the concept of the process they use.

Psychiatry as an instrument of Imaginary transformation and auto – understanding takes us to the concept “technic of Itself” that Foucault (1989) has established in the sense of restructuration strategies of subjectivity with the purpose of getting goals according to the self-realization system socially accepted and to the specific social spaces.

The alienation state of “Itself” of a subject still in the recuperation step warns us about a certain type of domination – subordination relation which is accepted and reproduced by the same subject and which also asks or implicates a cosification and auto – cosification process of the itself.

Subject n° 3

1. Analysis of Data.

1.a. Representation of the Illness.

Illness as a product of the Intervention or the taking part of “other powerful”.

- The way the pathological process is symbolized in this subject is associated with the character of a state depending neither on the Itself nor on the inter-subjective relations

he establishes but on the taking part of the father as a “other powerful” who determines totally the subject and gives rise to illness as a consequence or result.

This illness assumes the epistemological policy of an external happening which does not depend on the inter-subjectivity process this way: The problem is “*my dad takes very strict decisions so I cannot express myself*”.

1.b. Representations of the Institutional Space.

Psychiatry as a Restructurative strategies of the Realization Pattern.

This is a condition psychiatry shares with religion since the subject considers that his stay in the hospital has become the signification of a possible realization of a fundamental learning. giving him an easier way of solving his conflicts with his dad, turning the last conflictive relations into a permanent dialogue process.

The understanding of the itself and the “other generalized” has been possible after his experiences in the psychiatric hospital as an interned patient.

1.c. Representations of the Itself.

“The Itself” as a subsidiary element of “others powerful”.

The Itself appears in the information of this subject as a simple functional device to the taking part of “others powerful” (Levenson, 1981) like his father and the therapeutical agents. Referring to her father, she says: “*They don't let me be*”.

2. Interpretation of Results.

The fighting for the consolidation of an autonomous space for the Itself against the contrary forces seems to be the main axis of the subject's representational map. The subject seems to be trapped into the net of a familiar trauma without any possible chance to break the chain of the “me” slavered means. There are too many obligated mediations (symbolic and real) between the “me” and the “itself” because of chained subjectivity to domination/subordination structures. The obligated mediations are expressed as “others powerful” which takes part from the place of the power of the paternal authority or from the institutional policy of the therapeutical agents. On the other hand, there are religious mediations which, although they are not well specified in the speech, are present in a way of gravitatory force over the subject's “me”.

The father as a gravitatory reference of its own “me” is reinterpreted and taken as imaginary (the religious ideology) without a different symbolic structure; in other words, what happens is a process of a symbolic – substitution. It goes from an owner to other imaginary owners but remaining authoritarian and absolutist.

Subject n° 4

Analysis of Data.

1.a. Representation of the Illness.

Illness as a product or result of cerebral weakness is related to sexual function activities as a practice that considerably reduces mental faculties of the subject “*Practicing sex every day affects me*”..... it weakens, “*once a doctor told my wife to have sex with me only once a month*”

Illness as a product of child Punishment.

When the subject was asked about the starting date of the illness, he answered that it started when he was 15 years old; then he was asked why he got sick, the answer was: “*well, it happens that I was frequently punished when I was a child, I was punished with sticks and stone*”.

Illness as a product of lack of treatment.

To the question why he entered the hospital, the subject answered “*they didn’t follow my treatment properly, apart from lack of money to buy the medicine and I am unemployed*”.

1.b. Representation of an Institutional Space.

Psychiatry as an agencement system of life.

In the context of the way the subject lives the illness as a fundamental experience, psychiatry rises as a typical referential emergent in its conditions of a symbolic mediation where the subject’s life is divided into “before” and “after” having contact with it. “*When I was a child I used to think that world could finish or stop but now what I have to understand is that always medicine, world is found by medicine.... “ because if there weren’t any medicine we wouldn’t be alive*”.

1.c. Representations of the “Itself”.

The Itself as a pathology.

The subject's experience of the “Itself” comes from the moment of the change of status into “mentally insane man”. When he was asked – “*how do you see yourself?*” he answered” – *I see myself as mentally sick*”.

2. Interpretation of Results.

Illness as a product of weakness because of sexual practices, because of punishments and because of lack of treatment, takes out of context all social relations which are assigned to this phenomenon, a policy complexity, impossible to deny. In the case of cerebral weakness, we can assume that sexuality, lived as a perverted practice, produces on the subject a harm necessary to be repaired through insanity or craziness as a symbolization of the scheme transgression – guiltiness – punishment – repair. In the inner part, we have a religious symbolic process acting in a very unconscious way.

Child punishment is another factor associated with a production of insanity related. in the popular culture, to the emergency of mental illness due to head beatings. It is obvious the denying of social determinations. In the lacks of treatment, we find a process of mental health medicalizations which is equally constituted into a process of social denying in a context where craziness acquires a wider signification.

Institutionalization with a consequent charge of negative rotuling and labeling, has generated a new subjectivity through which the subject views the role of mentally sick as a personal identity. “I am mentally sick”.

Subject n° 5.

1. Analysis of Data

1.a. Representations of the Illness.

Illness as a nerves' problem.

There is not any report of the illness itself because it appears as a nerves problem which makes believe that a gravity case or happening of a mental illness like psychosis, is something indefinite and dim, hardly expressed into a very general category of illness

which erases the frame of a process strongly behaved. *“My husband a man whom I love very much cares about me, so he takes me as he knows I am sick”*.

Illness as a product of Unexpected Facts.

Another connotation related to the illness by the subject, has its expression in how important is an unexpected and banal fact such as the origin of illness. *“I didn’t have any crisis, I woke up hungry and as I got rum in the fridge, I took a couple of drinks”*.

1.b. Representation of the institutional field.

The institutional field as a nowhere.

There is no report of an institutional field because the institutionalization process appears as a “nowhere” from its policy of an absent object, in the subject’s speech. This process is perceived as one more chapter without any meaning of variation in his long – term life appearing without involving any significant effects perceived during the developing of adaptation strategies to the changes experienced by the growing or increasing illness.

1.c. Representation of the “Itself”.

The Itself perceived as a physical space.

To the question – *“how do you see yourself?”*, the subject answered with a very physical way :*“I see myself too fat”* .There is no registration of the experience of an itself transcendent to the mere corporal primary reference enabling to locate us into a conflictive dimension defining the itself as a psychosocial structure.

2. Interpretation of the Results.

The symbolization of the illness as an object product of the unexpected facts like drinking a glass of rum, puts us on a map of an attitude of banalization of the illness and institutionalization as a strategy of denying, avoiding a report of these vital processes for the subject’s biography. The perception of the illness as a “nerves problem” indicates the location of this case in the plan of a banal trouble without any reference to the gravity topic. The stigmatization process and the negative labeling of the mental illness which transfers the patient to the social category of “crazy” includes a strong symbolic charge of social exclusion, lived as a scary and horrible situation.

Subject n° 6.

1. Analysis of Data

1.a. Representation of the Illness.

The illness as a product of the relations with “others bad” becomes evident from a physical mistreatment and exploitation suffered during youth and childhood. *“well I have passed through so many bad experiences in my life and so many persons have cooperated with my sickness, that I cannot say because of which it happened”.*

1.b. Representation of the Institutional Field.

Psychiatry as a symbolic mediation between the subject and the world.

The Institutionalization process in this case constitutes the real possibility for the subject to remake his like over rational basis given by the science represented by psychiatry as a symbolic mediation for getting the “individual salvation” – *“if I hadn't been hospitalized I would have been dead”.*

1.c. Representations of the Itself.

The Itself as a left of multiple Breaks and emotional tears.

This subject's itself is represented as a left of the multiple breaks and emotional tears which is figured out into a perceived image of a disaster. *“... when I was 6 years old, my mother met that man (stepfather) and that was a total failure...”* – *“That man (stepfather) hated me”.*

2. Interpretation of the Results.

The symbolization of the illness into so many external agencements reaching the point where it is perceived as a result of the relation with bad persons, tells us about the representation of externality which makes, of the taking part of “others powerful”, the essential feature of responsibility of a subject's disgrace, concreted into the illness he or she has.

These external representations in the way of accepting illness are also present in the way the relation with the institutional field is perceived, from the illness as a paradigmatic event, the female subject gets to restructure a subjectivity which rounds the psychiatry as an existential – cognitive operator.

Subject n° 7.

Analysis of Data.

1.a. Representation of the Illness.

Illness as a product of a loving failure.

Reducing the multidimensionality of mental illness to loving failure situations involves an oversimplification of the process which covers a high level of complexity – *“the first time I came here was because of her – a girlfriend I had”*.

1.b. Representation of the Institutional Field.

Psychiatry as an auto – understanding Instrument.

There is quite a positive image of the institutional stay and of the kindness of psychiatrics which are considered more than necessary and marvelous. The changes operated in the subject’s life speak about the dividing of the biographic time into “before” and “after” illness which permitted the treatment he received... *“before getting sick I didn’t see myself, I used to see the others but now I do see myself”*.

1.c. Representation of the Itself.

A subject full of Qualities.

With the auto–perception of a healthy person, young and intelligent, who generates a positive auto–image, the subject gets closer to the representation of the Itself, *“...because I am very intelligent...”* *“I have other skills and you know...”*.

A confused subject Related to identity

This connotation represents a contradiction with the previous one where the subject perceives himself through a positive auto–image. *“I am confused regarding who I am..”*. *“Because I am person who constantly changes his personality....”* *“I used to know who I was but I am not sure now”*. A very confused identity could be analyzed as a part of the pathological process the subject is still living; however one could add what the mentally ill role commonly represents even for the subject himself.

Interpretations of the Results.

Illness as a results of left circumstances, even affective, emphasizes changes through an ideological process which neutralizes, by banalizing, the subjective warning the great

conflictive power represents of it. An oversimplification of reality could be the ideal mechanism to avoid getting to the axis of the conflictive nucleus which enchains illness but which we don't want to point out because of the pain it generates.

Subject n° 8

Analysis of Data.

1.a. Representation of the Illness.

Incorporating or adding a slight understanding of conflict into the representation of illness, establishes a starting point quite positive in the intend of realizing illness. *"I come here because I offended my mother; I stole her jewels and I threw ice and water on her face..."*. *"...my mom in too possessive and dominant..."*.

1.b. Representation of the Institutional Space.

Psychiatry as an auto-control Instrument.

The subject expresses a favorable opinion to the hospitalization process, he says he went in, in a very aggressive attitude and he is more controlled now and this is thanks to the treatment. *"well, I practice auto-analysis and I have learnt new technics of auto-control."*

1.c. Representation of the "Itself".

"Itself": Technological innovating and positive person.

In relation to the auto-perception of an inner aggressiveness, the subject defines verbally a positive auto-image, seeing himself as unstable at the same time, shy and inverted *"I see myself as a positive person, as a incommunicative and introvert person"*.

Interpretations of the Results.

Somehow the subject gets to locate some comprehension of his illness, relatively adequate, when he makes the conflict he has with his family responsible for his illness. However he keeps on denying because he does not speak about the causes of his illness but rather about the reasons why he was taken to the hospital. Although he expresses some negative attitudes about the psychiatrics and hospitalization, he finally accepts they are positive institutional means because apart from having cured him, they have been useful to make some transformations in his life, moreover when we refer to the capacity of an auto-understanding. Psychiatry has provided him an auto-control and auto-understanding

instrument, he did not have before; this expresses or finally shows a positive attitude toward this discipline.

He refers to his “Itself” by a positive image which shows us we are referring to a subject who is fighting with the resources at hand to come out of the labyrinth the existence of the illness represents for him.

VI. Conclusions.

In general terms, we can say that what was planned to be observed into the psychiatric patient speech, was found. The external character of the situation which is assumed by the pathological process in these subjects, is established when we find that the illness is always perceived as being a product of things happening to the subject, coming from external instances and “others powerful”.

The loving failures, the taking part of “others bad” or “others powerful”, the unexpected facts or circumstantial facts, child punishment, lack of treatment or cerebral weakness and beating, constitute some of the many factors responsible for a rising illness in the context of the representations of the subjects we have interviewed. Only once is the notion of conflict mentioned when we asked for the meaning of illness. The representations of the institutional space in terms of categories of “symbolic mediation” of an imaginary myth type, presents us the real possibility to follow up or to keep track of the “Verb tracking” left into the unconscious societary of the common peoples (not only the psychiatric patient), the medical speech of authority based on a technocratic – instrumental rationality.

All the subjects interviewed, although some more than others, symbolize medicine as the “social Redemption Paradigm” acting on the basis of an imaginary Salvationist, thus preventing the subjects from falling into the “depth of abyss” of craziness.

Here we recognize a metaphysic interpretation of Psychiatry which makes some of the subjects say such radical things as “*I cannot live without medicine*”. However, at least in one of the subjects, we could observe how this epistemological policy of Psychiatry in “Great suffering Metaphysic” is shared by religion.

The representations of the “Itself” constitute a key into the grammar of speech production which generates a greatly imaginary speech where illness is always an external situation.

Psychiatry is a symbolic mediation between the spirits of death (craziness) and life (between the “me” and the real world). Then the “Itself” is nothing but an “effect of surface” a sub-product of the process of objectification and the cosification of subjectivity the subject suffers, not only during the time before the medical space takes place but also into wider and primary societal spaces such as family. This research should be continued in the medical spaces by investigating the health team but also outside of it, in the family space.

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