

### **The Theoretical and Practical Foundations of L. S. Vygotsky's Historical-Cultural Clinical Psychology**

*Os Fundamentos Teórico-Práticos da Psicologia Clínica Histórico-Cultural de L. S. Vygotsky*

*Los Fundamentos Teórico-Prácticos de la Psicología Clínica Histórico-Cultural de L. S. Vygotski*

*Les Fondements Théoriques et Pratiques de la Psychologie Clinique Historico-Culturelle de L. S. Vygotski*

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#### **Abstract**

Developed by L. S. Vygotsky, historical-cultural psychology is a complex theoretical framework that addresses contemporary clinical needs by conceptualizing social relations and personality formation as historically mediated processes. This study is qualitative in nature and adopts an experience report design. Its objective was to illustrate the theoretical and practical foundations of historical-cultural clinical psychology through the case of a patient treated at the Applied Psychology Service of a public university in the state of Ceará, Brazil, during a course of historical-cultural-based psychotherapy. All ethical procedures were observed. Given its qualitative approach, the study allowed for detailed description of the object of investigation, the procedures employed, and the outcomes observed. Based on the analyzed case and the psychologist's interventions, changes were identified in the patient's personality dynamics as well as in their way of life, understood as results of historical-cultural psychotherapeutic mediation. Thus, this article contributes to the limited body of clinical studies within historical-cultural psychology, adding value to the field and encouraging further research that integrates theory and practice within Vygotskian-Marxist perspectives.

**Keywords:** historical-cultural clinical psychology, experience report, L. S. Vygotsky.

#### **Resumo**

A psicologia histórico-cultural, desenvolvida por L. S. Vygotski é uma teoria complexa que responde às necessidades clínicas contemporâneas, uma vez que pensa as relações sociais e a formação da personalidade como processualidade histórica. Este estudo é eminentemente qualitativo e é do tipo relato de experiência, no qual se objetivou ilustrar os fundamentos teórico-práticos da psicologia clínica histórico-cultural, a partir do caso de um paciente do Serviço de Psicologia Aplicada (SPA), de uma universidade pública do estado do Ceará, durante um processo de psicoterapia de base histórico-cultural. Todos os procedimentos éticos foram seguidos e, tendo em vista seu caráter qualitativo, foi possível um maior detalhamento do objeto de estudo, dos procedimentos empregados e dos resultados percebidos. A partir do caso estudado e das intervenções realizadas pelo psicólogo, foram percebidas mudanças na dinâmica da personalidade

do paciente, bem como em seu modo de vida, como resultado da mediação psicoterápica histórico-cultural. Assim, o presente artigo se insere entre os poucos estudos clínicos na psicologia histórico-cultural, agregando valor à área e estimulando mais produções que relacionem teoria e prática nos estudos vigotskiano-marxistas.

**Palavras-chave:** psicologia clínica histórico-cultural, relato de experiência, L. S. Vigotski.

### Resumen

La Psicología Histórico-Cultural, desarrollada por L. S. Vigotski, constituye una teoría compleja que responde a las necesidades clínicas contemporáneas, en la medida en que concibe las relaciones sociales y la formación de la personalidad como una procesualidad histórica. Este estudio, eminentemente cualitativo, se presenta como un relato de experiencia cuyo objetivo fue ilustrar los fundamentos teórico-prácticos de la Psicología Clínica Histórico-Cultural, a partir del caso de un paciente del Servicio de Psicología Aplicada (SPA) de una universidad pública del estado de Ceará, durante un proceso de psicoterapia de base histórico-cultural. Se siguieron todos los procedimientos éticos y, dado su carácter cualitativo, fue posible un mayor nivel de detalle respecto al objeto de estudio, los procedimientos empleados y los resultados observados. A partir del caso analizado y de las intervenciones realizadas por el psicólogo, se identificaron cambios en la dinámica de la personalidad del paciente, así como en su modo de vida, como resultado de la mediación psicoterapéutica histórico-cultural. De este modo, el presente artículo se inscribe entre los escasos estudios clínicos en Psicología Histórico-Cultural, aportando valor al área y fomentando nuevas producciones que articulen teoría y práctica en los estudios vigotskiano-marxistas.

**Palabras clave:** psicología clínica histórico-cultural, relato de experiencia, L. S. Vigotski.

### Résumé

La psychologie historico-culturelle, développée par L. S. Vygotski, est une théorie complexe qui répond aux besoins cliniques contemporains, car elle considère les relations sociales et la formation de la personnalité comme une processualité historique. Cette étude est éminemment qualitative et est de type récit d'expérience, visant à illustrer les fondements théorico-pratiques de la psychologie clinique historico-culturelle, à partir du cas d'un patient du Service de Psychologie Appliquée (SPA), d'une université publique de l'État du Ceará, au cours d'un processus de psychothérapie d'orientation historico-culturelle. Toutes les procédures éthiques ont été respectées et, en raison de son caractère qualitatif, il a été possible de détailler davantage l'objet d'étude, les procédures employées et les résultats perçus. À partir du cas étudié et des interventions réalisées par le psychologue, des changements ont été perçus dans la dynamique de la personnalité du patient, ainsi que dans son mode de vie, résultant de la médiation psychothérapeutique historico-culturelle. Ainsi, cet article fait partie des rares études cliniques en psychologie historico-culturelle, enrichissant le domaine et stimulant davantage de productions qui relient la théorie et la pratique dans les études vygotkiennes-marxistes.

**Mots-clés :** psychologie clinique historico-culturelle, rapport d'expérience, L. S. Vygotski.

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Contemporaneity imposes new horizons and new challenges for the constitution of social relations and, consequently, for the formation of human personality (Silva, 2009). Mészáros (2011) argues that, in light of the increasing complexity of capital in its new forms, social relations have become more alienating, contributing to processes of human suffering and illness. For Silva (2009), reflecting on new conditions for personality formation means reflecting on a new individual in contemporaneity, in which notions such as intersubjectivity, culture, and historicity must be reconsidered.

In view of the contemporary challenges related to the formation of human personality, this article discusses the theoretical and practical foundations of historical-cultural clinical psychology — a clinical approach that, due to its epistemological and methodological bases, critically addresses the reverberations of contemporaneity in the production of human personality. Drawing also on the concept of personality developed by Vygotsky and other authors — a concept that will be explained in the following sections — we advance toward an understanding of the development of subjectivity from a Vygotskian perspective, engaging specifically with the clinical field.

Lima et al. (2021) argue that historical-cultural psychology constitutes a complex and comprehensive psychological system. This implies that, within this theoretical framework, one finds the concepts and strategies necessary to construct a historical-cultural clinical practice. Despite this, historical-cultural psychology was silenced and insufficiently studied in Brazil for a long period. As a result, it was long believed that Vygotsky had no specific contributions to clinical psychology, and this field was relegated to the abstractionist and mechanistic traditions of bourgeois psychologies.

Vygotsky, who was also a clinician, developed studies in clinical pedology and defectology, in which he investigated the development of children with developmental difficulties (Vygotsky, 1997). In addition, it is important to note that he devoted himself to the study of other clinical topics, such as schizophrenia, aphasia, and hysteria (Silva & Tuleski, 2015). From this perspective, historical-cultural psychology is defended here as a theoretical system in psychology with concrete clinical applicability. Its central objective is the promotion of consciousness in its broad, Vygotskian sense and, consequently, the restructuring of personality. It should be recalled that Vygotsky (2006) defined his theory as one concerned with the processes of consciousness, which he understood as the defining feature that distinguishes human beings from other species.

Some studies have already proposed a historical-cultural clinical understanding; however, there remains a pressing need for further clinical research grounded in a rigorous articulation between theoretical and practical aspects (praxis) of the approach. There is an urgent need for contemporary studies to demonstrate how a Vygotskian psychotherapeutic process unfolds in practice, highlighting clinical interventions and management strategies aligned with its complex theoretical and methodological framework (Aita & Facci, 2022; Clarindo, 2020; Lima, 2019; Lima & Oliveira, 2023, 2025; Marangoni, 2007; Silva, 2023).

To elucidate the theoretical and practical foundations of historical-cultural clinical psychology in relation to contemporary processes of human personality formation, this study adopts an experience report design based on the psychotherapeutic follow-up of a patient treated at a university-based clinic of a public institution in the state of Ceará, Brazil. For greater methodological clarity, the text is organized into three sections: i) historical connections of historical-cultural clinical psychology; ii) theoretical foundations of historical-cultural clinical psychology; and iii) experience report: the practical foundations of historical-cultural clinical psychology. The following section also details the methodological pathways adopted, the procedures employed, and the ethical considerations involved in the development of the reported clinical experience.

## Method

The present study falls within the scope of qualitative research in psychology, as it focuses on the psychotherapeutic process itself and provides detailed descriptions of the resources employed and the outcomes observed. An experience report design was adopted, as it allows for the systematic documentation of the researcher's experiences and perceptions regarding the object of study; in this case, a historical-cultural-based psychotherapeutic process conducted at a public university in the state of Ceará, Brazil. This approach encompasses the therapeutic relationship, the intervention procedures adopted, and the assessment of the patient's development (Casarin & Porto, 2021).

The experience report was based on the investigation of a patient who underwent psychotherapy over the course of 1 year at the applied psychology service (APS) of a public university in Ceará, within the context of a clinical internship course. The analyses conducted in this study were documentary in nature. The sources of analysis included clinical reports, session summaries, patient intake forms, and other documents related to the patient's records within the APS.

Regarding the clinical case, the participant was a 23-year-old male who self-identified as Black and heterosexual. The patient was followed for 1 year, totaling 26 psychotherapy sessions, each lasting approximately 50 minutes. For ethical and confidentiality reasons, the patient is identified in this study by the pseudonym C.O. Notably, the patient attended sessions regularly and demonstrated a high level of commitment to the psychotherapeutic process. All interventions and clinical conduct were carried out in accordance with standards for the protection of the patient's health and integrity, as established by Resolution No. 466 (2012) of the Brazilian National Health Council. In accordance with Resolution No. 510 (2016), clinical information previously authorized by the patient for use may constitute research material. In the present case, the relevant consent form was signed and duly authorized as part of the procedures for psychotherapeutic care at the APS.

## Historical Links of Historical-Cultural Clinical Psychology

Historical-cultural psychology is a psychological current developed in Soviet Russia by L. S. Vygotsky and collaborators such as A. R. Luria and A. N. Leontiev. This working group, led by Vygotsky and known as the Troika, exerted substantial theoretical influence. All those associated with it adopted Vygotsky's theoretical leadership, applying his conceptual framework and postulates within their own research (Martins et al., 2016). This psychological perspective emerged from Vygotsky's dissatisfaction with the hegemonic theoretical models of his time, which were oriented toward mechanistic and abstract explanations—understood here as bourgeois psychologies. Vygotsky developed his theory explicitly in response to this issue in *The Historical Meaning of the Crisis in Psychology: A Methodological Investigation* (Vygotsky, 2004).

Within this context, Vygotsky's psychology emerged as a response to the demands posed by the establishment of the unified Soviet state, namely, the construction of a non-capitalist social model. This project required theoretical foundations capable of conceptualizing human beings and psychological processes in ways consistent with this new social order (Tuleski, 2008). Accordingly, Vygotsky developed a complex and comprehensive theoretical system in psychology that cannot be reduced to a single field of application, as often occurs when historical-cultural psychology is associated exclusively with education.

Notably, Vygotsky engaged in clinical intervention activities according to the standards of his time, focusing on issues related to pedology and clinical psychopathology, as evidenced in several of his studies (Vygotsky, 1997, 2008a). However, as noted by Tuleski (2008), when historical-cultural psychology, particularly Vygotsky's work, reached Western contexts, it encountered significant barriers, including resistance to his texts. This resistance was largely due to accusations of communism. During the 1960s and 1970s, Latin America was under dictatorial regimes opposed to the political ideas conveyed by his psychology. Moreover, translations of his works often removed references to Marxism, distorting both his writings and their original meanings.

As a result, translations more faithful to the original Russian texts, as well as works in other languages, particularly those addressing the practice of historical-cultural clinical psychology, only became available in Brazil relatively recently. These works enabled the appropriation of central themes relevant to contemporary historical-cultural clinical practice, such as clinical pedology, neuropsychology, the investigation of psychiatric disorders, and other clinically relevant topics (Lima & Oliveira, 2023). Notably, over the past decade, there has been significant growth in research groups across Brazil focusing on more clinical themes within Vygotsky's psychology, with particular emphasis on initiatives developed by research groups in Ceará, such as the Laboratory for the Study of Subjectivity and Mental Health (LADES for short, in Portuguese). In this context, the recent publication of Vygotsky's notebooks (2022) deserves attention. This compilation of the author's notes corroborates the existence of historical-cultural clinical praxis, advancing the description, interpretation, and explanation of the psychological challenges faced by individuals in contemporaneity.

### **Theoretical Foundations of Historical-Cultural Clinical Psychology**

Conceptualizing historical-cultural clinical psychology is a challenge, both due to the complexity of Vygotsky's theory, with its interdependent and intertwined concepts, and because, unlike other approaches, its clinical practice was not systematized in a formal manner. Despite this, advances in the field have defined historical-cultural clinical psychology as a therapeutic approach oriented toward development, transformation, and the production of autonomy. This occurs through the construction of individualized therapeutic projects that are contextualized to the patient's life dynamics, their social situation of development, and the psychosocial elements that underpin psychological development (Lima & Oliveira, 2025).

Several concepts guide the psychologist's perspective in historical-cultural practice, with mediation being the most fundamental. To understand this concept, it is essential to recall that Vygotsky developed a social theory of the genesis of human personality and behavior. Regarding the genesis and development of psychological processes, Vygotsky and Luria (1996) explain that the psyche initially develops under the coordination of biological laws. As individuals become immersed in culture, however, these laws give way, through incorporation, to cultural, complex, and specifically human forms of psychological functioning.

Mediation should be understood as the interposition of an intermediate link in the human being's relationship with the world. Human behavior was once determined by what was inscribed in species history, but with the advent of culture and language, human beings began to symbolize the world and become conscious of their relationships (Vygotsky, 2008b). This idea is fundamental to historical-cultural clinical psychology, as the therapeutic relationship is a direct consequence of the symbolic space shared by human beings, whose development has been crossed and qualitatively transformed by culture.

Within a mediated relationship with the world, individuals construct mental representations of reality, involving available mediational elements, interpersonal relationships, and life contexts. What individuals produce in their relationship with the world is made possible by specific mental processes referred to by Vygotsky (1994) as higher psychological functions, another core concept for clinical practice within the historical-cultural perspective. According to the author, psychological processes constitute the basis for mental representation and may be classified as lower, of a more biological order, or higher, of a more cultural order. The human psyche is composed of multiple psychological processes, including thinking, language, perception, attention, memory, concept formation, imagination, emotions, and creativity.

This concept is particularly relevant because, within historical-cultural clinical psychology, processes of psychological suffering are analyzed through alterations in higher psychological functions. The role of the historical-cultural clinical psychologist, therefore, is to design interventions that mobilize specific processes, enabling mental functions to be activated, operate in an interfunctional manner, and support a more conscious and autonomous engagement with the challenges encountered throughout psychological development.

Advancing in the understanding of how historical-cultural concepts are articulated in clinical practice, Vygotsky (1994) posits that personality is constituted through an internal-external dialectical movement, such that everything belonging to subjective life was once part of social relations. In other words, psychological processes are first interpsychological and later become intrapsychological. Vygotsky refers to this process of appropriation and transformation of mediational elements present in concrete and symbolic reality as internalization.

From a historical-cultural perspective, the concept of internalization demonstrates that all learning processes experienced by patients occur in a psychosocial manner. Within this clinical approach, processes of psychological suffering have

a clearly defined social etiology, deeply embedded in the sociohistorical laws through which human beings develop. Internalization reinforces the view that, in historical-cultural psychology, both healthy and disordered human behavior must be understood as part of the individual's own history, requiring an investigation of the roots of behavior, conduct, and human activity (Vygotsky, 2008b).

In this framework, psychological development must be studied as a dynamic process, as individuals constantly encounter new mediational elements in their relationship with reality. Through the appropriation of these elements, increasingly complex internalizations and transformations occur, contributing to personality formation. From this perspective, personality can be understood as the relatively stable contours produced by each individual through lived experiences, distinguishing them from others, even those who share the same social situation of development.

Vygotsky (2010) further elaborates that personality is produced through an active and dialectical relationship between human beings and material reality. This means that human beings transform the world, and the world, in turn, transforms human beings in an ongoing process. Consequently, in historical-cultural psychology, personality is not a fixed instance that reaches maturity at a specific developmental stage, but rather an ongoing process in constant movement. As Leontiev (1978) aptly explains, personality represents “the tip of the iceberg”; beneath it lie other processes of fundamental importance for historical-cultural clinical psychology, among which the concept of activity stands out.

Historical-Cultural Clinical Psychology is an explicitly Marxist psychological approach, deriving its investigative and practical methods from historical and dialectical materialism. It assumes that human beings are active agents and that their relationship with the world is culturally constituted, unfolding through activity. According to Leontiev (2021), activity consists of the transformative actions through which individuals modify their social situation of development, shaping behavior and conduct. It is through activity that individuals produce meanings about the world and construct their personalities.

Activity is grounded in a dynamic-causal system of needs and motives, which drive individuals to seek satisfaction through objects that may range from concrete (e.g., food) to more subjective (e.g., employment or marriage). This conceptual network linking personality and activity is central to historical-cultural clinical psychology, as it provides the historical-cultural model for understanding human conduct and behavior. Based on these concepts, the historical-cultural psychotherapist reflects on how to expand and promote healthier processes underlying personality formation.

Although historical-cultural clinical psychology finds its foundations in the pioneers of this theoretical tradition, significant advances have been made by contemporary authors and research groups. These contributions have addressed diverse clinical topics, including processes of consciousness formation, clinical praxis, subject constitution, clinical method, and clinical demands related to sexuality and race, among others. Such developments have contributed to strengthening and academically consolidating Historical-Cultural Clinical Psychology (Aita & Facci, 2022; Clarindo, 2020; Kahhale & Montreozol, 2019; Lima, 2019; Lima & Oliveira, 2023; Marangoni, 2007; Oliveira et al., 2022; Oliveira & Lima, 2024a, 2024b; Silva, 2023).

As this discussion on the expression of historical-cultural concepts in clinical practice draws to a close, it is important to note that, at certain moments in human development, individuals may be unable to cope with conflicts, failing to generate new meanings in their relationship with the environment and to navigate the contradictions inherent in capitalist social relations. In such situations, an inversion occurs in the hierarchy of needs that sustain activity, leading to a process of psychological dysregulation. In this process, higher psychological functions cease to operate in an integrated manner, exhibiting reduced levels of activation and functioning and, in some cases, becoming rigid or even disintegrated (Silva, 2021; Zeigarnik, 1979).

From this perspective, processes of psychological suffering must be understood as outcomes of ontogenetic development. This implies that disordered activity, like any other learning process, has its own history, whose social genesis must be investigated throughout the historical-cultural therapeutic trajectory. Vygotsky (2008b) emphasizes that psychological alterations and disturbances should be analyzed in light of human development, which synthesizes phylogenetic, ontogenetic, and sociogenetic aspects. Only through this approach can the historical-cultural clinical psychologist structure effective interventions to overcome psychological suffering. In this line of reflection, Lima and Oliveira (2023) highlight that singularity is expressed through the internalization of the material conditions in which human beings are situated. Accordingly, healthy personality is marked by flexibility, the ability to move between concreteness and the emotional world, the capacity to reconceptualize lived situations, and the pursuit of new motives for activity in the world when confronting psychological suffering.

Historical-cultural clinical psychology not only possesses its own conceptual framework but also constitutes a psychological system in itself, with applicability to clinical practice as well as to other areas of psychological work. Nevertheless, in accordance with its Marxist principles, historical-cultural psychology cannot be reduced to theoretical speculation alone; it must be grounded in a harmonious relationship between theory and practice. Therefore, drawing on the experience of a clinical case, the discussion now turns to the practical foundations of Vygotsky's historical-cultural clinical psychology.

### **Experience Report: Practical Foundations of Historical-Cultural Clinical Psychology**

The psychotherapeutic process presented here, as previously described, took place at the APS of a public university in the state of Ceará, Brazil. In accordance with ethical guidelines for research involving human participants, selected sessions



conducted over the 1-year course of historical-cultural psychotherapy were analyzed. Initially, the general characteristics of C.'s clinical presenting concerns are described. Subsequently, drawing on historical-cultural psychology, the clinical reasoning and interventions implemented throughout the therapeutic trajectory are outlined, as well as the ways in which changes in the configuration of the patient's personality were observed.

### Characterization of the Presenting Concerns

C. was a 23-year-old male who self-identified as Black and heterosexual and was a student in the Geography program at a public university in Ceará. He sought individual psychotherapy at the APS, reporting dorsal pain associated with episodes of intense conflict as his initial complaint. He also presented concerns related to self-concept and self-esteem, which negatively affected his romantic and work-related interpersonal relationships. Additionally, he reported difficulties within his family system, particularly tensions with his siblings related to his status as an adopted child.

This initial clinical formulation reinforces the historical-cultural understanding that the individual in psychotherapy is a concrete subject, constituted through historical processes. According to Oliveira et al. (2022), such processes are often marked by psychosocial forms of violation that interfere with personality development. In C.'s case, it was essential to recognize how the implications of racism and heterocispatriarchy contributed to the constitution of his personality and conduct, fostering psychological suffering in his relationship with himself and with others.

In historical-cultural clinical practice, understanding the presenting concerns goes beyond the observable phenomenon, adopting an investigative stance aimed at explaining the dynamic-causal basis of the complaint (Vygotsky, 2004). Accordingly, in the early stages of historical-cultural psychotherapy, strategies are commonly employed to situate the patient's developmental history, allowing health and illness processes to be understood as learning processes. In C.'s case, the Time Dynamics instrument was used, which consists of a task proposed by the historical-cultural psychotherapist in which the patient records, in writing, significant life events, including those with both positive and negative emotional valence (Oliveira & Bandeira, 2019).

This intervention revealed important aspects of C.'s psychic dynamics, particularly regarding both healthy and impaired dimensions of his activity. Historical-cultural clinical psychology is not a disease-centered approach, but rather a process aimed at promoting consciousness, with the purpose of strengthening transformation, development, and autonomy (Lima & Oliveira, 2023). Thus, in mediational actions, the historical-cultural clinician attends to the health-illness dialectic, identifying not only what is underdeveloped or constrained, but also what remains preserved, as healthier fossilized behaviors can serve as the basis for new generalizations of health.

In C.'s case, some higher psychological functions, such as language and perception, appeared preserved. He was able to produce relatively coherent syntheses, comparisons, and reflections regarding his relationship with the world (Vygotsky, 1996b). In the Time Dynamics task, C. narrated his life in a relatively continuous flow, beginning in childhood, moving through adolescence, reaching adulthood, and then returning to adolescence. Vygotsky (1999a) conceptualizes human ontogenesis as a drama unfolding within a scenario, involving multiple characters and marked by emotional and cognitive elements that together form a unified whole. When employing strategies such as Time Dynamics, the historical-cultural therapist must attend to how these elements are articulated to produce the patient's developmental history.

C. reported that, since childhood, he had been subjected to intense demands and expectations from his family, despite never having had poor academic performance. He also highlighted experiences of bullying related to his appearance and gender expression, which negatively affected how he perceived, and continues to perceive, himself. During adolescence, this dissatisfaction intensified due to acne, contributing to social withdrawal. With the demands of adulthood, particularly those related to university and work life, the patient identified improvements in his communication skills and ability to work in groups.

From a historical-cultural perspective, Oliveira et al. (2022) discuss how social expectations prescribe masculine behavior for men, teaching from early childhood that virility is a normative standard of gender performance. When these expectations are not met, socially sanctioned forms of violence may be directed at those who do not conform to heterocispatriarchal norms, often resulting in negative psychological consequences for subjective development.

As a result of heterocispatriarchal demands and aesthetic standards shaping his personality development, C. reported experiences he identified as anxiety, which commonly manifested in behaviors such as biting his nails until bleeding and pulling out strands of hair. In subsequent sessions, as a strategy to support regulation during periods of intense stress, the Psychotherapy Notebook was introduced. Through this tool, C. was encouraged to write during and after moments of emotional dysregulation, describing his feelings, naming emotions, and identifying contexts and relationships that generated stress and anxiety. Historical-cultural studies indicate that Black individuals, in the context of racism, often have reduced access to high-quality mediational resources throughout development, which necessarily affects emotional regulation capacities when compared to White peers (Cruz, 2024; Oliveira & Lima, 2024a; Silva, 2019). This consideration was central to the clinical reasoning in this case, given the multiple psychosocial and structural vectors of violence involved in C.'s developmental history.

## Relationship with the Environment

Vygotsky (1994) emphasizes that it is through the relationship with the environment that the dynamics of needs and motives acquire distinct contours, as the individual's psychic organization is confronted with demands for the reorganization and restructuring of activity. In C.'s case, the initial complaint was closely related to the strategies he had developed to cope with stressors and potentially destabilizing elements arising from his interaction with the environment.

As previously noted, C. was adopted, a factor that generated tensions within his family system, particularly with his older siblings, who attributed to him most of the responsibilities related to caring for their elderly parents. According to Schucman (2010), the logic of racism and racialized violence operates across the social fabric, including institutionalized practices such as adoption. Consistent with this understanding, C. reported that his siblings frequently reinforced his status as an adopted child while delegating to him the primary responsibility for caring for their mother, who had Alzheimer's disease. He described experiencing contradictory emotions, simultaneously feeling a sense of duty toward his parents and perceiving the situation as unjust. Drawing on Vygotsky, Toassa (2009) notes that emotions also develop concretely; thus, depending on an individual's social situation of development, emotional life is transformed. In C.'s case, the contradiction between "loving his parents" and "being compelled to occupy specific family roles" generated psychological discomfort and suffering.

To investigate how affects and emotions were interfering in the patient's psychic life, a historical-cultural activity known as the Life Scenario was conducted. This resource aims to examine how the patient's relationship with the environment is configured, identifying networks of relationships and connections between the individual and the elements they bring forth, as well as connections among those elements (Oliveira & Bandeira, 2019). During this activity, C. demonstrated reflective capacity regarding his feelings toward family members and recognized the need to reconsider boundaries between himself and others, establishing new relational limits with significant others.

Mediational activities in historical-cultural clinical psychology play a central role in promoting and strengthening zones of development and learning. Within a Vygotskian framework, they are understood as instruments and signs that mobilize rigidified and non-conscious aspects of the psyche, ranging from less developed psychological functions to the relationship between cognition and affect in the production of consciousness. Accordingly, the historical-cultural clinician is responsible for organizing mediations that promote health—that is, that enable the patient to generate new meanings, transform activity, and reshape personality development.

## Changes in Personality Configuration

Over the course of historical-cultural psychotherapy, new personality configurations gradually emerged. Progress was observed particularly in the patient's level of consciousness and self-reflection, including new ways of narrating himself and positioning himself in relation to others. Significant changes were also observed in his ability to establish boundaries in interpersonal relationships, both in academic settings and within his family system. Interpersonal relationships, together with sociogenetic aspects, constitute one of the primary sources of development (Vygotsky, 1996). Thus, patients such as C., whose life experiences are marked by devaluing social gazes, tend to develop diminished self-acceptance and, more broadly, a belief that they do not deserve affection or respect.

Initially, clinical work focused on the most urgent symptoms presented by C., as historical-cultural psychology recognizes the need for basic conditions of psychic organization before addressing more complex demands (Oliveira, 2023). In the present case, approximately 11 sessions, around 3 months of psychotherapy, were required for a noticeable reduction in the symptomatic syndrome. In addition to historical-cultural instruments such as Time Dynamics and Life Scenario, other interventions were necessary to support immediate regulation during crises, including breathing techniques, neurofeedback, assistance in restructuring daily routines to include physical activity, and guidance on time organization to improve academic and work performance.

As new constructions emerged and the therapeutic bond strengthened, additional aspects of C.'s life became accessible for clinical work. One such aspect was his relationship with his girlfriend. He identified two central difficulties: i) difficulty remaining in a relationship with someone who demonstrated low motivation to build an independent personal and professional life, leading C. to state that he did not wish to "date his past self" (sic); and ii) difficulty engaging in sexual relations with his girlfriend, marked by feelings of shame regarding his own body during sexual activity.

Clinical suffering, within a historical-cultural perspective, must be understood as psychosocial in origin, rooted in social relations at both micro- and macro-levels. Lima, Anauate, and Oliveira (2021) emphasize that personality construction in Vygotsky's framework occurs through an external-internal dialectic, shaped by the individual's singular relationship with the history of the social relations in which they participate. Accordingly, it would be inadequate to interpret C.'s personality processes without considering the psychosocial pressures he experienced as a Black man and as someone whose gender performance did not conform to heterocispatriarchal norms.

Regarding the first issue, C. reported that during adolescence he was highly introspective and socially isolated, which impoverished the quality of his interpersonal relationships. He attributed this tendency to low self-esteem and a diminished self-concept. In the context of academic pressures, he exhibited low motivation to engage socially, preferring life arrangements that minimized interaction with others. Reflecting on the losses associated with this period, he compared his girlfriend's current situation to his own past experiences.

Regarding the second issue, C. reported that over nearly 1 year of relationship, attempts to engage in sexual relations with his girlfriend were unsuccessful due to emotions he described as fear and nervousness. Although he expressed desire for sexual intimacy, he perceived greater pressure from his partner for it to occur. He also identified the lack of a private space as an aggravating factor in their sexual difficulties.

At this stage of the therapeutic process, since issues related to sexuality had become central to C.'s difficulties, the Time Dynamics activity was proposed again, this time focusing on sexual development experiences. Although initially resistant, C. agreed to engage in the activity with therapeutic support. During this mediational process, the patient disclosed experiences of sexual abuse and same-sex experiences during adolescence, which became central elements for subsequent clinical work.

The development of C.'s personality was marked by a disconnection between cognitive elements and emotional aspects. This difficulty required compensatory mediational strategies aimed at reorganizing higher psychological functions, expanding understanding of his activity dynamics, and providing tools for self-regulation during acute crises. As Vygotsky (2008b) emphasizes, historical-cultural psychology seeks a harmonious relationship between cognition and affect, as these elements form an indivisible unity, interdependent for optimal psychological functioning.

### **Intervention in the Zone of Sexual Development**

As previously discussed, L. S. Vygotsky developed a psychological system that proposes a new way of understanding the human psyche by articulating it with the historical analysis of the formation of mental processes. Among the various themes addressed in his theory, learning and human psychological development stand out. Regarding the relationship between learning and psychological development, the Soviet psychologist provided important clarifications by distinguishing learning experiences that have already been internalized from those that can be achieved through mediational support. Learning experiences that have already been consolidated were termed the level of actual development (Vygotsky, 1996), whereas the set of psychological resources that can still be developed was defined as the level of potential development.

Patients enter historical-cultural psychotherapy carrying both healthy and maladaptive learning experiences, which must be identified and analyzed. However, historical-cultural psychotherapy does not stop at this point. Rather, it advances by organizing clinical mediations that enable individuals to move from a level of actual development marked by psychological dysregulation to a level of potential development characterized by healthier personality functioning. In C.'s case, traumatic experiences, such as sexual abuse, constituted a foundational element of his developmental process and had a profound impact on his subsequent learning related to self-concept, family relationships, and romantic partnerships.

Within this context, historical-cultural psychotherapy intervened in C.'s zones of development through mediational activities aimed at enhancing consciousness regarding his sexual life. For example, the use of the Time Dynamics activity focused on C.'s sexual history revealed additional sexual experiences beyond the abuse, including a sporadic sexual experience with a girl during high school; the maintenance of sexual activity with a cousin for 3 years; and sexual involvement with a male peer at school. At this point, the patient reported that this was the first time he had spoken in depth about his sexual life and the first time he had elaborated on the abuse and his same-sex experiences. In other words, these contents were not fully integrated into his consciousness and had not yet been incorporated into his higher psychological functions. In addition, other intervention instruments were used to further mobilize the patient's zone of sexual development.

In order to examine how sexual learning experiences influenced the development of C.'s concepts, a new mediational activity was proposed: Concept Cards. According to Oliveira and Bandeira (2019), this technique aims to analyze how the psychological function involved in concept formation developed throughout the patient's ontogenesis. In this intervention, the historical-cultural psychotherapist presents a set of cards containing written words that can be triangulated with a clinical issue experienced by the patient. In C.'s case, the cards included the following terms: heterosexuality, homosexuality, bisexuality, asexuality, monogamy, and polygamy, all of which were related to the dynamics of his sexuality.

The purpose of this activity is for the historical-cultural clinical psychologist to explore the meanings and senses attributed by the patient to each of the words presented on the cards. In C.'s case, after completing the activity, he recognized that although he identified more strongly with a sexual orientation aligned with monogamous heterosexuality, there were potential future possibilities for constructing relationships outside this pattern. This intervention indicated that the organization of clinical-therapeutic mediations can contribute to the reconstruction of reified sexual identities shaped by the determinations of cisheteropatriarchy.



## Change in Personality Configuration

Following the identification of the genetic roots of C.'s behavior and the interventions conducted within his zones of development, the initial symptoms began to diminish. Episodes of somatization became infrequent, in contrast to the early stages of therapy, when crises occurred at least once per week. In addition, in his relationships with family members and within the university context, C. adopted more active positions and began to take greater responsibility for decisions affecting him, indicating significant changes in the dynamics of his personality and activity.

Revisiting the discussion on personality, its construction must be understood as a continuous process shaped by both interpersonal learning relationships and broader sociocultural factors. Although personality may present relatively rigid zones of change, these are not immutable. Transforming maladaptive configurations into healthier ones requires intentionally organized mediations aimed at expanding the patient's repertoire of activity and processes of meaning-making (Vygotsky, 2024).

Regarding new positions indicative of changes in C.'s subjective configuration, one illustrative example was a family meeting he organized in which he expressed how he felt in his relationships with family members and clarified what his role should be within the family dynamic. Furthermore, he proposed a new organization of family responsibilities, redistributing caregiving tasks among all siblings. This demonstrates that, through the appropriation of new signs and instruments, C. developed greater consciousness of reality and of his role in transforming it, thereby enhancing his capacity to modify his relationships.

From this clinical perspective, the patient should not be understood as a stratified subject, but rather as a synthesis of biological factors, learning processes, and social determinations. Moreover, it is essential to assume the existence and necessity of unified functioning between cognition and affect (Vygotsky, 2004). In C.'s case, it was possible to observe a state of division in psychic life, with cognitive and affective elements operating separately. On this topic, Vygotsky (2010) emphasizes the central role of lived experience (*perezhivanie*) in understanding the development of human personality. He also highlights that lived experiences are primarily composed of affective functions, such as emotions, imagination, and creativity. For this reason, they play a substantial role in the process of meaning production that occurs through activity, which in turn constitutes the foundation for personality construction. As demonstrated in the interventions described, historical-cultural clinical psychology seeks to integrate cognition and affect within the individual's psychological dynamics in order to strengthen consciousness, activity, and higher psychological processes.

## The Discharge Process

In historical-cultural clinical psychology, the resolution of clinical demands is associated with the development of autonomous self-management. This psychological resource is closely related to the extent to which individuals are able to appropriate sufficient mediational elements to develop activity in articulation with their environment. Mediational elements support individuals in living, attributing new meanings and senses, changing behavior, and evaluating reality, among other functions (Lima & Oliveira, 2023).

C.'s discharge process occurred after 1 year of historical-cultural psychotherapy and was structured over three sessions conducted in a participatory manner, inviting the patient to engage in reflection, analysis, and evaluation. As a reduction in clinical demands and an increased capacity to cope with stressors were observed, the possibility of discharge was discussed with C., who agreed with this decision. At this stage, the elements that required attention during the final phase of the therapeutic trajectory were identified collaboratively.

The patient highlighted issues he wished to address during the final sessions, such as anxiety related to the future and concerns about whom he could rely on after the conclusion of psychotherapy. To address these needs, historical-cultural clinical resources were employed, including Sentence Completion and the Life Scenario. While the Life Scenario was mediated to identify new healthy elements in the patient's social situation of development and to promote systematic engagement with them, Sentence Completion was used to explore future-related anxieties through incomplete statements. Finally, it was emphasized that should the patient encounter similar or entirely different difficulties in the future, he could and should seek historical-cultural psychotherapeutic mediation again.

Historical-cultural clinical psychology is a dialectical process, characterized by the constant movement of contradictory forces expressed in the complex relationship between human beings and historical materiality. Thus, from a historical-cultural standpoint, the promotion of development, transformation, and autonomy in clinical practice is shaped by both structural-level psychosocial processes and interpersonal-level dynamics. Consequently, moving beyond a traditional understanding of dialectics, the historical-cultural clinical approach is grounded in historical materiality.

## Final Considerations

Lev Vygotsky's historical-cultural psychology constitutes a complex and comprehensive psychological system with applicability across a wide range of fields of psychological practice. Thus, it is a naïve mistake to reduce Vygotskian psychology to restricted domains of psychological knowledge. The experience report presented here contributed to a clearer elucidation of the relationship between theory and practice in historical-cultural clinical psychology. With regard to the clinical case discussed, it was observed that the patient's presenting complaint evolved from the somatization of stress-related mediators toward the restructuring of a healthier personality, capable of synthesizing new learning processes.

Within historical-cultural clinical psychology, the therapeutic setting is structured as a dialogical space of learning that integrates cognition and affect. Furthermore, clinical intervention within this approach is guided by a mode of clinical reasoning that begins with the investigation of the history and development of psychological suffering and proceeds to the selection of verbal techniques and mediational instruments aimed at expanding the patient's underdeveloped zones of development. The need for further scholarly production in the field of historical-cultural clinical psychology is also emphasized, particularly studies that prioritize the articulation between theory and practice and the investigation of specific intervention strategies grounded in the theoretical and methodological assumptions of historical-cultural psychology. Finally, the importance of the research conducted by LADES at Universidade Estadual do Ceará is highlighted for its contribution to strengthening historical-cultural clinical psychology in Brazil.

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