

Homo faber: sculpting men; investigative coproduction in the interiority of a practice

Alberto Leonardo Bialakowsky

Universidad de Buenos Aires, Argentina / albiala@gmail.com

Delia Elena Franco

Universidad de Buenos Aires, Argentina / delfranco@speedy.com.ar

María Mercedes Patrouilleau

Universidad Nacional de La Plata, Argentina / mpatrouilleau@fibertel.com.ar

Nora Bardi

Universidad de Buenos Aires, Argentina / norabardi2003@yahoo.com.ar

Cecilia María Lusnich

Universidad de Buenos Aires, Argentina / ceciliamlusnich@gmail.com

Abstract: The social sciences of labor have face great challenges to explore labor; however, in this disciplines the study of the industrial model has prevailed, while the analysis of sectors of services as productive spaces has been delayed. Laborers in governmental institutions, not only work the “shapes” and “substances”, but also the very human survival and reproduction. The present article is aimed at giving an account of the work of men working on men, specifically on laborers who work on other laborers who undergo social disaggregation, exclusion, and ghettification. The results from our qualitative research show the participation in the production of knowledge of the very laborers, rehearsing a co-productive dialogue in hospital and with laborers from recovered enterprises. This dialogical construction allows exploring the dimensions of alienation, power and the subjectivity in the social processes of labor.

Key words: research coproduction, work process, knowledge, mental health institutions, social exclusion-extinction, complexity.

Resumen: Las ciencias sociales del trabajo han afrontado grandes desafíos para explorar éste; sin embargo, en estas disciplinas ha primado el estudio del modelo industrial, quedando rezagados los análisis referidos a los sectores de servicios como espacios productivos. Los trabajadores en las instituciones gubernamentales no sólo trabajan las “formas” y las “sustancias”, sino también la propia sobrevivencia y reproducción humana. El presente artículo da cuenta del trabajo de hombres trabajando sobre hombres, específicamente sobre trabajadores que trabajan sobre otros trabajadores que se encuentran en proceso de desagregación, exclusión y guetificación social. Los resultados de nuestra investigación cualitativa muestran la participación en la producción de conocimiento de los propios trabajadores, ensayando un diálogo coproductivo en el hospital y con trabajadores de empresas recuperadas. Esta construcción dialógica permite explorar las dimensiones de la alienación, el poder y la subjetividad en los procesos sociales de trabajo.

Palabras clave: coproducción investigativa, proceso de trabajo, saber, instituciones de salud mental, exclusión-extinción social, complejidad.

Research inside a co-productive program; introductory notes¹

I think that the ineptitude of the intellectual for the physical work, but it is ingenuity: it is not only physical effort. The first day at the factory is terrifying for anyone. Later, many of my partners would talk to me about that, often in anguish. Which spirit, which body can accept without a movement of rebellion the annihilating, anti-natural pace of the chain? Everyone feel an identical violence, the opprobrium and weariness of the chain, the laborer, the peasant, the intellectual and manual workers, the immigrant and the French [...] (Linhart, 1996: 27).

The usual scientific methods start from experimental design, from the control of variables. In this impossibility (of controlling them) the experiment finds itself, the proof comes from the fervor of demonstration. In the hardest approaches the working subject is taken as a datum, their exteriority is reified in the very investigative process. From our perspective many social practices are based on popular knowledge and are organized around it; then, it is not believable or not visible, remaining outside, because it does not have the validity and rigor of scientific knowledge. The monoculture of knowledge and rigor reduces, eliminating a large part of reality that would hinder comprehension and that in its long history has also committed “epistemicides”, in the sense of death of alternative knowledge (De Sousa Santos, 2006).

The proposal of investigative coproduction, even if it cannot avoid simulation and trimmings, is centered on the promotion of dialogical convergence by means of collective and simultaneous interrogation of complementary discourses and, thereby, reciprocally asymmetric (Bialakowsky *et al.*, 2007a). From this modality of investigative work, understanding means also the attempt to prevent biases and divisions that are reproductively imposed in the traditional approaches, redefining an alternative way to approach the subjects under study.

This methodological essay, which already has the trajectory of almost a decade, enables us with epistemological and theoretical fundamentals to research and inquire in league with co-producer actors of knowledge. The worker, addressee of the analysis, participates in the very process of research.

On the bases of trans-disciplinary thinking, it promotes an approach to the social problems from recognizing the paradigm of complexity between disciplines and beyond disciplines, in the sense of solidarity of the phenomena,

¹ The present article is an updated version, re-elaborated in depth, of the one published in Portuguese as: Bialakowsky, Alberto *et al.* (2006), “Uma sociologia do trabalho contrastada”, in *Tempo Social, Revista de Sociologia da USP* (University of Sao Paulo), vol. 18, num. 1, June, Special number: Sociologia da Condição Operária, Brazil: University of Sao Paulo.

as the ethics of comprehension between peoples, nations, cultures (Morin *et al.*, 2002). The production way is materialized in collectives of co-work or “devices of knowledge coproduction”, a space of co-domain between subjects of research (academic, institutional, labor), which tries to integrate from a complex and trans-disciplinary look issues that convoke, avoiding ahistorical approaches and that do not contemplate the perspective of the other. In the framework of the devices, there is work on the possibility to materialize and sustain an interrogative collective, in which the institutional actors contribute with their specialized knowledge and knowledge from the practice. This alternative modality does not deny, nevertheless, pressures still present in the generation of investigative will or the need for academic demonstration. Verification in co-productive experiences requires many steps and multiple agreements, with progress and setbacks in relation to the epistemic utopia.

This work presents results from the research corresponding to the 2003-2006 period and which still continues nowadays and tries to show discoveries in two directions: a) in relation to the contents of the processes of work on men and their main dimensions of power, of the method and knowledge; b) in relation to the very production of knowledge. The investigative process was developed focused on the co-production device with mental health nurses.² From their results, the history of mental health practices is paradigmatic of the history of being a laborer, in the current context crossed by the continuum of social exclusion-extinction (Bialakowsky *et al.*, 2004a). That accumulated in the studies of the work can be recreated from this perspective from these converging challenges that partly displace and partly complement the traditional paradigms. Certainly, this conjunction or change of perspective is not only about contents destined to the working class, but a change that crosses every sphere of knowledge: the datum, the concept and their epistemic-methodological aspects. This is what the present scientific essay is about, which in any case will be a possible proposal.

The text is structured as follows: a) the process, tensions and occurred shifts in the involved subjects are stated; b) the history of being a laborer in mental health nursery is reconstructed based on the place assigned from the paradigms and which still nowadays operate in mental health practices; c) the analysis of the working processes in nursery as well as their relation with the *continuum* of social exclusion-extinction are analyzed.

² A device composed of researchers from UBACyT project, healthcare workers and UBA sociology students, which worked on a fortnight and weekly basis depending on the period, at José T. Borda Interdisciplinary Psycho-Assistance Hospital of the Autonomous City of Buenos Aires and which had, at the same time, a dialogue with co-producers of the research, laborers from recovered enterprises.

The conclusions retake the questionings on the working and methodological, giving an account of the contributions regarding the exposed method. The contrasting and interrogation in the labor sphere are underscored in the exposition of the introductory fragments for each section, which are extracted from an ethnographic text by Robert Linhart.

Test method

At this point it is interesting to point out a material reality which supports the investigative dynamics; we refer to the social formations that constitute the base of knowledge production in labor sociology, which in the classical methodologies are laterally dealt with. The struggles, discursive disagreements and encounters seem to be seated only upon the abstract lines of thinking between thinkers and not so upon social material supports. We propose then, to reflect from our experience, on how the materiality of the collective is produced in the proposal.

Research in the psychiatric hospital arises from the question formulated by the researchers on the relation between the process of social exclusion-extinction and the institutional intervention. The first encounters with healthcare workers enabled the transmission of the difficulties in their caring practices; thus the limitation that the new demands state for intervention.

Soon afterwards, the limits to learn about the social process of institutional work from the usual techniques (surveys, interview, participant observations) appear; the first movement searching for dialogue with the nurse workers takes place via in-depth interviews at the hospital, then as a bond of trust is developed, the idea is to design a device to think together of the difficulties of the practice. From the side of the workers, satisfaction is already perceived: “nursery has been listened”, the silence was broken and a new communicative space was created in the task of the laborer submitted (Foucault, 1980) by the institutional murality.

The collective nursing place in the hospital and the close relationships with the patients builds knowledge and power, which on the one side subjectively sustains the contradictions of the institution, but on the other, has been historically silenced.

The work of the device supposes both movements on the inside, in terms of subjective and social movements, and toward the outside, promoting dialogue with other laborers of the institution and other hospitals, with other sectors of laborers and academic spheres, propitiating the learning and re-learning of this new investigative practice in which the laborer coproduces with the researcher from the knowledge of the former. In the co-productive process tensions and resistances proper to investigative activities are tackled by means of creative strategies of interventions before obstacles, which becomes work of reflexivity

(Guber, 2004), dialogue and exposition between the laborers and the research team, in the constitution process of co-producers of knowledge and building a collective will to learn and understand the practices in mental health

I wondered if the nurses did not believe that their projects to improve can be carried out, I was wondering if the nurse in mental health lost coherence by working in the environment we are in [...] the work group that coordinates this encounter made change from frustration to reflection, if you want a proclamation: the scientific knowledge bachelors and the nurses who professionalize have, the empiric knowledge which we the ones who are with the patients have, gives us the authority to believe and undertake projects to improve nursing... we must neither silence ourselves, nor let other silence us, the nurse is capable if they know.³

In the process, new movements will be proposed by the very laborers who know the institution, the methodology of “walking in the hospital” is recommended. The laborers make room, disseminate, interchange with their coworkers the activity of the co-productive device, they also attend academic meetings together with researcher to give an account of the form and contents of their co-work.

Indeed co-work generates uncertainties for some and for the others; for the laborers it means a repositioning before the conflicts and tensions between coworkers and hierarchies, proper to the labor environment. At the same time, inside the device historic tensions between laborers, tensions of the discursive encounter between bachelors and empiricists, tensions of the encounters and mishaps with the classical methodology and tensions that generate the demand for pragmatic responses to the approached problems are unveiled before the *reflexive stopping* on the work and on science. In the following story we observe the key of this essay, which is also the tension in the encounter between the traditional modal, investigative research and laborers.

From the begging as a subject of study bonding with the researchers was promoted to have the as much information as possible, expectations grew, and why not saying it, on more than one occasion I felt as the object of knowledge of another researcher, who in their laboratory would be refuting their hypotheses between annotations and microscope, and I a laboratory rat running along the labyrinths created to challenge or verify said hypotheses [...] Personally, for me being part of the device is a conscious challenge that exposes me as an actor laborer and lets me

³ Story written by Omar Navarro for the Encounter of Co-production of Mental Health Nurses: “knowledge of the nurse in Mental Health Institutions with internalization practices”, June 3rd – 5th 2004, Autonomous City of Buenos Aires, promoted by the device of co-productive research with nurses from Borda Hospital.

see how I am seen framed in a rigorous research project. This does not account for the research-object of study relations, it only denotes that the *method*, *counter method* or as they call it is rigorous on its own. In the laboratories there have always been and there will always be rats, microscopes and reference books, from that place the commitment to science disciplines you then: *I think therefore I am*, and later, why not making room for a publication on the researched object. The statement here exposed is much more complex, since the commitment to science you scheme tries a new paradigm where: *I exist, therefore I think, therefore I exist*. This evidently sketches yearning for changes that provokes a new disorder (as you express) that I infer interesting to approach. If the researcher is thrilled, enters into crisis, becomes disenchanted, and studies with the actor, then the researcher exists, yet the researcher cannot prevent the processes form accruing, and more so to develop as they think in spite of the academic truth... which will be the acceptable real and ideal distance the researcher has to take from their object of study? Should there be a distance? Should that distance be acceptable? And if there is no distance... who observes the process? The rat, the researcher? Both should be observers? Or... both are rats? I allude to do not succumb... to continue stating the different ways of thinking in academic and non-academic spaces, to become thrilled despite it is not enough to justify a hypothesis, to continue with the reflections (story written by co-producer nurse, Ariel Díaz, 2005).

Coproducing by means of a co-research device is a hard task that implies no less than a theoretical reference framework (flexible, provisory and accumulative) and a practical methodology to work with, but besides a transformation of the very researcher as long as they become producer of dialogue and reciprocity to sustain being *an alien in other place of work*.

The challenge of the experience is to promote the elaboration of a *collective text*, which at the same time allows discovering the methodical transversalities both in the researching and working processes. The perspective from the idea of *Moebius strip*⁴ gives an account of this permanent recursion between texts and reverses that

⁴ We verified that the analysts here still have the old conception of the social, even if they incorporate power, but think of society as a plain figure. Few authors have reflected on social relief. Our hypothesis may be graphed as the conception of a Moebius strip, this is to say that society presents torsions proper to it and remain in a continuum with the hegemonic society. We metaphorical image of the artist M. C. Escher: "Moebius strip II", xylography, three planks copy, 1963, 45 x 20 cm. Description: a closed strip in the shape of a ring commonly has two faces; one interior, another exterior. On the tape here reproduced, however nine ants walk in line and step on both the interior and the exterior faces. The strip therefore has only one face [M. C. Escher (1991), "Comentarios sobre sus obras", in *Estampas y Dibujos*, Benedikt Taschen, Germany, p. 12].

the disciplinary and academic trimmings usually outshine. Thus, in this essay it becomes visible how the registration of the *intertextuality* that shows the discursive is produced, the multiple thinking that is unfolded in the dialogue, which triggers, dilutes and reconstructs concepts, sustained upon the materiality of the collective. The recognition between producers (Dejours *et al.*, 1998) may turn out in this way a promissory symptom of breakage with alienated work.

Sustained collective work promotes the involvement into the interchange, supports or makes dialogue dialectic, opens the hues of subjective inflections, building step by step the complexity of trans-disciplinary knowledge. The elements of this practice are composed of multiple layers and thicknesses; it always implies brakeage, dissolution and encounter, a permanent struggle between the global and the local, between the collective and the subjective, between the productive and the unproductive, between the excluded and the included. From the viewpoint of the nurse co-producers:

The device is a tool; perhaps not the perfect tool, however it shows an improving movement that starts from the interaction of those who are part of it... coproduction provides us with a method to visualize the problems, in this space we discover that this reality we are stunned at has to be preceded by heeding, knowledge and practice that send us back to reflection, affection, solidarity, which generate for us a mechanism not condemned to repeat history. This process allows reordering disperse, fragmented thoughts. By means of the interchange with the other and interrogation we discover our practices and we discover ourselves. Practices are re-signified and revalued, this enables us to stand on other place, in the first line, move from skeptical practice that expects mass and immediate changes to a practice of care, preservation, responsibility and appropriation of them. Not only has the amount of information enriched us, but it also becomes a subjectifying movement that expands among partners and is transmitted to the patient.⁵

As it was previously stated, this proposal states, in the face of obstacles of classical research, a different stance, complementary, based on epistemological and theoretical perspectives that remit us to the paradigms of complexity as the co-productive praxis.

⁵ Story written for *Tercer Congreso Internacional. Salud Mental y Derechos Humanos*, Madres de Plaza de Mayo Popular University, November 2004, Buenos Aires. Lecture title: "A trans-disciplinary experience of co-production of critical knowledge". Alberto L. Bialakowsky, Delia E. Franco, Nora Bardi, Pedro Santillán, Omar Navarro, Ariel Díaz, Mercedes Gomitolo, Graciela Passarello, Federico Gendelman and M. Mercedes Patrouilleau.

Being nurse laborer; between the psychiatric paradigms and the modulation of men

[...] I give the thermometer back: forty degrees.

Well, he's ok, concedes the doctor, *send him back to his house in an ambulance. I'll sign three days off four him.*

I feel floating while the papers are prepared. Mean nursery, smell of disinfectant, the Algerian comrade who returns to the chain with his bandage, the telephone ringing (a history of benzolism in the paint section, denied by the doctor who becomes angry: who with? A complaint of a union?) The bought labor medicine, nausea again, a wave of smell of rubber in the brain... everything still revolves [...] (Linhart, 1996: 51).

And then, fear; it is difficult to define: at the beginning I perceived it individually, in one or the other: the fear of Sadok, the fear of Simon, the fear of the woman of the seats. In each case I could find an explanation for it. But in time I perceive I face something vaster: fear is part of the factory; it is one of its fundamental gears. To begin with, it has the face of all this apparatus of security, of vigilance, of repression that surrounds us: guards, team leaders, foremen, sector agents... (Linhart, 1996: 74).

Traditionally, the history of mental health nursery has been elaborated and told under the influence of the practices of psychiatric intervention and of the asylum institutions. Here we reconstruct said history from the perspective of nurse laborers of these institutions, supported on their own interpretations about the contradictions and difficulties this activity poses. The labor and institutional analysis here proposed pays special attention to the collective and subjective supports of the institutions and their products (Bialakowsky *et al.*, 2002). We discovered in the institutional-hospital work process, a social work process, which implies, at least three dimensions to take into account: work on the patient subject, the hierarchies instituted by the medical model and the disciplinary knowledge contained in said model and the social thoughts about "abnormality".

Historically, the origin of the modern treatment for insanity appears with the psychiatry of illuminist reason, convergent with the peak of French Revolution, which leaves as a key mark, in this European development, the assignation of the problem of insanity to medicine. Pinel starts a substantial reform eliminating the use of chains, handcuffs and shackles, training the medical staff and helpers and fostering the "moral treatment" of insanity, based upon the authority of the doctor inside the institution. In our country the former "madmen", who in the time of independence were stacked in wards without treatment and invigilated by guards, who applied coercive systems on them, such as chains or shackles, started by the end of the XIX to receive treatment as in Europe (Hospital Borda, 1965; García, 1981).

In this stage the institutions for the “alienated” were managed by the state and charities; this intervention is linked to the modernizing, integrating and expansionist efforts by the end of the XIX century, which imposes the medicalization of civic behavior. The practice seeks to control the articulation of modernization and expansion of the productive apparatus with the mass demographic commotion provoked by the deluge of immigrations (Vezzetti, 1983; García, 1981; 1982).⁶ From these moments onwards there will be a progressive centralization of the treatment of mental disabilities in hospices and then state hospitals.⁷

Later on, the paradigm of psychiatry takes up the anatomic-clinical model, which proposes classifying and ordering the pathological. This model presupposes that insanity can be observed and classified similarly to other objects of science; it establishes the possibility of a rational knowledge of it. The positivist paradigm, which from the postwar, by the mid XX century, is understood in Europe and America, will be the passage from the empirical to the technical stage. Nevertheless, the accumulated mark would leave as a legacy the practice of observation and fictionalization that mediated between the classification and treatment of the early stages of the hospice, as it was expressed the fragment of the interview, in the framework of a description of medical practices in the first years of work of a young psychiatrist:

We had to learn the classifications of schizophrenia, long classifications of delirium; I do not know how many classifications... French, German. Everything was very clinical but with very little capacity to solve problems; they described phenomena and the best psychiatrists of the time were those most meticulous to describe clinical phenomena. And besides, what was interesting for me rang a bell let us say, cracked my head, was that these people observed phenomena and the only thing they did was observing, so that observation is altered by the way the treatments are conducted.

⁶ The foundation years of the different institutions show their aggregation and function in this context of expansion of state regulation on social behavior: Asilo para los Orates de San Buenaventura (1863); El Círculo Médico Argentino (1875); el Hospicio de las Mercedes (1887); Colonia Nacional de Alienados “Open Door” (1889), Course of Clínica Psiquiátrica in Facultad de Medicina de Buenos Aires (1886).

⁷ Stats from “Hospicio de las Mercedes”, later “Hospicio Nacional Psiquiátrico” (nowadays “Hospital Borda”) verify the increase of state rationale intervening in the treatment of insanity: year 1899, 1,299 interns; year 1922, 1,976 interns; year 1935, 2,592 interns; year 1940, 3,138 interns; year 1945, 3,500 interns. In 1947 a thousand patients are moved to the neighborhoods of alienated distributed in country. In 1960 there are again 3455 interns. (Hosp. Borda, 1965: 3-11).

If I sit and wait for the evolution of determinate form of psychopathology, such as schizophrenia and then I say that schizophrenia evolves in this manner and I do not intervene in this process, is this process really so? (interview with a psychiatric doctor, 30 years working in the institution, held in the framework of the device of co-production by researchers and nurses, 2005).

On its own, by the end of the XIX century, in our country, the University enters into hospices, thus legitimizing research and practices from the psychiatric sphere. In this context, nursery would no longer be linked to charities, as it was in the beginning, but the role of nursery is placed as an auxiliary to the doctor, partly abandoning its former guarding role. There are in this time training courses for nurses in the very hospices given by doctors. It is so that in the early XX century, in hospices and later “National neuropsychiatric hospitals”, one finds the nurse and the figure of nursery helper; in this period, the role of medical attention and treatment to the “alienated-delinquent” is still closely related, the institutions had in their divisions wards for prisoners. In this context the function of the nurse and warden intercept, with their tasks subjected to the sustained observation and the handling of interns and, besides, to the care of the institutional order. The stories of the laborers back then describe in a ‘discarnate’ manner the warden work on the interns, as well as the existence of prison wards.

The nurse enters the hospital in the year of 1953, into the services created in 1945. Each floor —told us— had five services, the two wings or lateral services, with patients suffering different pathologies, even syphilis; in the middle there was a “vigilance room”, “invigilated by nurses”, allegedly more “dangerous” [patients], all with straitjackets, naked, circa 50 patients, many were foreigners from the postwar. Those with jackets were tied all day long for months; in order to release them the doctors were consulted and as a prescription 20-cubic-centimeter injections of milk or turpentine in the arms to provoke an infection [which paralyzed them]. When the infection was advanced, they were taken to surgery, where a cut was made to drain it. The only medication which they were given was at night, a product called “cloral”... electroshock techniques were also employed; there were even lobotomies... 1965... the use of “insulin therapy” began on the most aggressive, said treatment decreases glucose until a coma begins. By the way and tone he uses, I have the feeling that it was applied as a punishment. Around 1968, the first psychotropic, called Ampliactil, a sedating antipsychotic, began to be employed. In 1976/77 the straitjacket stopped being used, not completely however... between 1961 and 1968 there was a “prisoner” ward... it had cells with circa 60 prisoners which were always “invigilated by between eight and 10 nurses”, and two cops who were outside the ward... when I finished with the interview I felt he talked me about a concentration camp (interview conducted by a co-producer nurse, 2005).

In this model of guarding hospital, the knowledge of the worker that is fundamentally required is nothing but knowledge on force and vigilance; however in practice other sort of knowledge is gained in relation to medication and the treatment of each patient to carry on with the service in the absence of medical staff. Scientific progress and the instauration of assistance as a treatment do not decrease the crudeness of intervention. For the laborers, the first days of work in the institution mean a mortification process, which can be homologated to the process of patient admission. Hence, the control of the bodies and the subjective modeling which the laborer must exercise is accompanied by their own modeling. In this social process of labor, the ailment can be seen as an instrument of social domination.

November 3rd, 1957. I come back with the telegram and I am received there... by the chief warden and he tells me: do you know what to do here? No, I came here with the telegram... because back then you were ordered being what you were... I hadn't even entered into a first aid room.... When he opens the door, I look inside it was the vigilance room. I found that everyone is tied with jackets. I am introduced to the nurse... there was a small little table, a chair here and another there, and everyone was looking at all the jacket-tied patients. And I said to him: what is this? This is a lion den I say... let's go to hell. No *pibe*, stay here, he says, if you knew what the ward was before, the old ward. That was real though. I resigned to stay there, and so it happened... everyday, day after day I told him: no, I'm leaving, I can't do it, I can't cope with this lion den. All the guys jumping... the Polish, German, weighing over hundred, hundred and ten kilos, which had to be moved with their beds and all; think of it, which expectations I had... seeing all that was as if you were thrown into the lion den and say defend yourself as best as you can (interview conducted by a co-producer nurse, 2005).

From the de-industrializing movements that started in postwar, authors such as Franco Basaglia (1985) questioned the relation between cure and custody in mental health institutions, called “mental asylums”. Other theoretical perspectives and therapeutic practices put forward to integrate the very patient, their family and community in the treatments. The challenges even reject the medical and psychiatric exclusivity in the intervention on mental impairments, proposing a non-reductive practice of the complexity of the issues and promoting treatments that respect the rights of the affected. The intervention opens to the “field of mental health” not without resistances and struggles. In this new interdisciplinary paradigm, the stance of nursery acquires a new disciplinary character, but as it is verified, its position in hospitals remains unable to escape from the contractions that seem irresolvable, unless the treatments based on internalization in mass institutions and isolation are not modified. Whilst the spaces destined for the treatment of mental

impairments are still centralized in large hospitals with a large amount of patients, the work of nurses remains linked to assist and guard these patients in their quotidian life in the institution.⁸ This prevails at regional level, in general in Latin American and Caribbean countries, “the available psychiatric assistance remains centered in traditional psychiatric hospitals, institutions with markedly asylum characteristics and frequently located in isolated zones of the community” (Vásquez *et al.*, 2004: 45).⁹ In this sort of institutions and working processes, the new trained nurses find a limit in care practices, as they cannot “combine formation and practice”, as they find they are unable to overcome the historic ways of intervention, either in new or traditional forms.

Beyond labor, spaces and bodies

I make calculations: a hundred and fifty a day, two hundred and twenty days a year... in this moment, by the end of July and three thousand. Thirty three thousand times in the year he has repeated the same identical gestures: while others went to the movies, talked, made love, swam, skied, picked up flowers... while the wind crushed the harvests, caressed the grass in the meadows and made the foliage of the forest whisper, thirty three skeletons of 2 CV have paraded before Mouloud so that he welded thirty three times the same interstice of five centimeters in length (Linhart, 1996: 176)

Nowadays the social function of the hospital oriented to assistance has consensus as for psychical and social aspects of mental disorders. From this paradigm the necessity to train the nurses appears, contradictorily some of unaltered features of the guarding method still remain in the organization of hospital work.

⁸ In Argentina there are circa 25 thousand people interned in psychiatric institutions, and out of these 75% are in institutions with a thousand beds or more (MDRI and CELS, 2007).

⁹ Vásquez and Caldas de Almeida, citing *Proyecto ATLAS*, Latin America, Pan American Health organization, Washington D.C., 2004, also recognize that even if in some cities innovative experiences have been developed, they are limited to a regional application. Among the alternative experiences distinguishable are those developed in Campinas (Brazil), Río Negro (Argentina) and Belize (Belize). At national level, the authors also distinguish the recent initiative in Chile of a National Plan of Mental Health and the attempts in Brazil, for even if the advances differ in the states, a policy of mental health was implanted years ago (Vásquez and Caldas de Almeida, 2004). As far as we know, we would add the experience of the transformation process of attention in the Province of San Luis, Argentina and the recent strategic plan to transform attention at “Dr. Domingo Cabred” Inter-zone Specialized Hospital in the Province of Buenos Aires.

The way work is organized inside the institution is similar to that of a factory in the organization of the posts and distribution in series that is implemented for the administration of the interned bodies. This distribution responds to the quotidian control and vigilance model:

Every 15 days they see the interned patients. They see a patient for a little while, and they don't see the one supposedly incurable they see other... in the service entered a man last Friday and none has seen him. He went to the guard and told him to go to 9... there was a bed... and none saw him (story of the nurse in the device, 2003).

The abandonment shall not be interpreted literally as such, but as a part of the method of bureaucratized admission (Freire Costa, 1991). In the “career of the patient” (Goffman, 2001) that takes place in the process of institutional work, laborers intervene without visualizing the “chain” which they are involved in; thus is produced an alienation on the product of labor (patient). As well as in the *treatment* of the patient, the assignation of nurses by the different services frequently follows disciplining ends, or represents a manner of letting the worker know the places where they can be housed in the worst of cases. As Gaudemar (1978: 86) states, this disciplining increases the strengths of the body in terms of utility, aptitude, and decreases those very strengths subjecting them to a process of adherence. The method implies a distribution of bodies, spaces and time, which in the Taylorist factory work process, even in its most advanced forms combine to obsessively eliminate *downtime* (Slaughter, 1998). In the evening and until the next day in the hospital “laziness settles in”, only the nurses and the emergency medical staff remain for the whole hospital. Nursing activity is limited to the control of the room and attention to emergencies. In these moments the degree of responsibility increases and falls upon the laborer, without a team to respond for the practices.

The fact of being sat, managing everything from here... or in a hurry... here there's time, there's plenty of time and more by the day... time sickens you.... (story of a nurse in the device encounter, 2003).

Moreover, there are services or areas in which control and force from the nurses prevail, closely linked to the rest of services, serving them in the face of the needs for physical *contention*.¹⁰ According to the laborers in these services “sleeplessness,

¹⁰ Physical contention in mental health refers to the restraining of a person making use of different techniques: straitjacket, *furca* (tie down with wet bed sheets) or with more modern means but with the same ends. It is indicated for moments when the patient is in crisis and may “cause fatal self harm or to others”. From our experience these techniques inside a labor process might acquire new meanings that not only are determined by the degree of the disability in the patient.

tension and violence are constant”. In this schema, the nurse provides their own knowledge from their close contact with the patient, which is later appropriated by the therapeutic team, which nonetheless is not recognized as knowledge with scientific status. It is knowledge from life in a hospital and from the life of the patient, aspects that the look from legitimized therapies does not visualize. It is verified that, subjectively the nurse still revolves around the guarding and caring practices, producing a scission of the sense of the practices and duties according to the institutional mandate

When I work in team (in the practitioners’ room) I overlook the control of patients, which is my responsibility. I can’t be in a place when I’m in another (story of a nurse in the device encounter, 2003).

To the specificity of the labor conditions in mental health we have to add the *de-collectivization* of nursery, from flexi-times and labor pauperization in recent decades. The assignation of “optional” additional six-hour modules, which are negotiated on a daily basis and face to face with authorities” and which add to the formal and regular six-hour shift, have become a pressing instrument to fulfill long working hours and have collaborated to the destruction of collective forms of labor articulation. Before the suffering in labor “individual solutions” appear among the nurses, where formation is a reason to fight inside the nursery collective. There are professionalization strategies to preserve their jobs, of no-professionalization as some sort of resistance from “empirical” nurses (ideal nurse, with no formal degree). Knowledge becomes a *treasure, which everyone harbors in silence* (Cirianni and Percia, 1998).

The labor conditions added to the collective silencing on the very practice generate a state of vulnerability, which ends up being a sickening that the nurses recognize as *institutional*. In the encounters of the co-production device the concern by the laborers on this ailment that affects them is expressed: isolation, learning to remain silent, not being able to show their feelings, not becoming committed, work in a routine, all appear during the reflexive interchanges and the question arises: “why is what is done done?”. In this context the dynamic of the health-disease-attention processes acquires new meanings and questions that are hereby stated, and a challenge to the ways in which a symbolical and social integration may be set up.

On the other side, it is not possible to forget the current socio-labor context that questions the caring practices in mental health: the loss of incomes in important sectors of the population and the influence of this process on the demand for mental health and on the possibilities to respond to them.

The encounter between institutional laborers and those being excluded will occur in terms of disagreement, marked by internal and external convergent violence of processes of pathologization, criminalization and spatial segregation (Bialakowsky *et al.*, 2007b). The following story shows the complexity of the institutional fabric, which includes the laborer, the nurse and the interned:

On Saturday I had the chance to go to work in surgery service from 12 to 24; and, or casually, I was left alone. But the novel that day is that as I entered the service I was greeted by a patient. This patient had been interned once before in my service and had caused various incidents... The doctor had sent him to service 30 (service for patients in crisis)... while I medicated, he insistently asked me for cigarettes, he was tied to the bed by prescription. Around 18:30 he untied himself (there are patients who develop the capacity to spend forever to untie the knots; it doesn't matter if the tie has five knots). I got him a cigarette and waited for him to smoke it relaxed, then I walked him to bed and tied him again. Now around 20:30 I started medicating again and the same patient asked me again: how can I do to find I? You see, this boy who grew on the street, almost as a little animal, asked me if I liked tales and dreams. I tried to know where he went to, where he had been born, some reference; but he never gave an answer. The only I could find out clearly was that he came from Tablada and that somehow such a thing was terrible... I write this to see the other (or ourselves)... the patients appear perhaps as I saw the patient in surgery, skinny, with a look that didn't seem intelligent to me and I didn't know if I was being fooled, because I never found anyone where the theory... was so made flesh. But... I... changing diapers, I was supporting on him, sharing company not solitude... ah! Before arriving home I got a call from the lawyer (for the accidents with the patients) to provide evidence, I have five days... no, in the hospital all was suspense and terror seem to be a way of life (story written by a co-producer nurse in the framework of the device, 2005).

Amidst this subjective-objective duality man is modulated working, nurse laborer working on men. This reifying duality crosses, with the productive method, the laborer and concludes in the interned, *chronicizes* them, the *set* of an alienation (of the worker) upon other alienation (that of the patient) and the chain in the opposite direction restarts on the body of the nurse and the guarding system. The method, from the start, supposes reified subjects.

The cameras arrived; the television arrived every two minutes; it was a persecution fundamentally against nursery. We told the service chief it was not nursery there are no means here, there is not contention room... it was seen how we dropped every patient anywhere here, and we can't care for them and we don't care for them. It is not that we don't care, we can't... once I cut myself with a Gillette because I was alone, sometimes we are alone in the service and it is not a service to be alone...

patients screaming, holding someone, asking for help to one another, medicating 20-25-30... and well one ends bad... they send you to medicate... I ask for a vial to the guard because I didn't have one... "doctor give something to this pibe who never comes down, he has been increased 20 times doesn't come down, can't you hear the screams"... "medicate him and give him..." "and I can't medicate him anymore, give him something else, who am I to know?"... then when I come with the Trapax vial... (he finds out that the patient had hanged himself) and there you have the one who pays the consequences... it's the deaths, nursery has nothing to do, it's badly structured" (story of a nurse in the encounter of the device, 2003).

The condition of the nurse incarnates duplicity between subordination and being left working in isolation without a supporting team, trapped between self-responsibility and alienation generated from the no-recognition of the work of other (Dejours *et al.*, 1998). In a paradoxical manner, inside these institutions and especially along the day, *being immovable* becomes the recursive method; the institution sets up a sedentary reclusion system and in this logic both patient and nurse share the same condition. *Downtime* that normally and methodically appears in the institution turns into a component of the nurse laborer-patient relationship, which occasionally produces fear for an uprising. Nurses also find limits in the functions prescribed by both the regulations that frame their activities, and what it implies to be in charge of 20, 30 and up to 40 patients. The responsibility on this accumulation of bodies establishes a routine and de-subjectifying task.

I am afraid of the trigger that for the patient means to be certain time enclosed in the service... patients in my service are lost, they do not know what to do. There is one that comes and glimpses into the room and asks us to look and we let him. And he stares at us, poor boy, he got tired of looking at all the service and then comes to look at us (story of a nurse in the encounter of the device, 2005).

The nurse is at the same time the one who lives every day with the interned and the one who acts in situations of violence and in crises; once again care and custody amalgamate. In the hospital cruel ways of the proceedings of a social problem are evidenced with the *discard* population. At its extremes, the intern represents the *nuda vida* (Agamben, 1998) and the fiction of intervention object; in this modulation, laborer and patient are confronted, configuring *marked* bodies:

-Doctor: "well, a patient suffered burns, and because of that dies. Five days later he died in surgery, we immediately derivated him to the burning, he was not to die... he is a psychotic patient that was grave, he went out of the bed and got himself into the shower and got burned".

-Nurse 1: "there have been 30 burned patients in the last years, out of which 15 died"

-Doctor: “15?” (a surprise whistle)

-Nurse 1: “more or less”

-Doctor: “burned in the shower?”

-Nurse 2: “Yeah in the shower”

-Doctor: “then they can get burnt in the shower...!!!”

(Interview with a psychiatrist, 27 years working in the institution, held in the framework of the device of coproduction, 2005)

Fires represent, in the institution as a whole, resistance spaces where the interns risk their lives and those of the nurses, both are placed in the locked services, under the siege of the manifestations of the unsaid, of the contained: “for more than a year there have been fires in the services”.¹¹ In the hospital, the burns¹² also express the difficulty of the institutional work before the mandate of care and without the rehabilitation destiny of practice.

The past psychiatric paradigm, from a critical perspective, may be interpreted as normality builder (Foucault, 1989), as a repairer of labor force (García, 1981), as inclusion of the migrants (Vezzetti, 1983). Some synchrony may be deduced between mass employment of Fordism and the continuity of the reparation of the bodies. The question that remains pending nowadays, where the capitalist system reaches a highly self-destructive contradiction with the production of *superfluous labor force* (Mészáros, 1999) and the creation of *disposable exceeding population*, refers to which the future of institutions destined to repair bodies for labor market is.

¹¹ It can be said, at the same time, that it is not an isolated case, contrasting the relays in mental health services in Argentina carried out by MDRI and CELS (2007). In this report the unexplainable deaths by fire in confinement cells and other causes are registered: in Diego Alcorta Hospital in the Province of Santiago del Estero, between 2000 and 2003, three people locked in confinement cells died by fires under different circumstances and a fourth died from unknown reasons also while in confinement; in Dr. D. Cabred Inter-zone Psychiatric Hospital of the Province of Buenos Aires, three people were found dead inside and around the facilities, up to 2006 there were circa 70 deaths a year, out of a population of 1200 males. The report points out that the proportion of deaths was four times higher in winter than in summer. The authorities attributed these deaths to the supposed “advanced age” of the interned people and did not offer further information on the increase in deceases.

¹² It is usual that the analysis of the labor conditions in mental health the reference to the burn-out syndrome. Burning-out here is used in metaphoric terms and in relation to the psychical demands of the job. Inside the hospital and the factory, it can be seen how the metaphor is concreted in the very flesh of the laborers.

Thus, in the institutional everydayness “the release” is presented as no exit, or with exits “without networks”, with no social significance.¹³ Inside the process of hospital work and in relation to the general social dynamic, a subjacent logic is discovered, in which the regulating and disciplinary medical, bio-political power (Foucault, 2000) modulates life, at the time it changes into fractions of thanatopolitics (Agamben, 1998), as it does not restrict the reproduction of social extinction in institutional spaces.

Parallel looks and convergent looks, boring muralities

This essay tried to advance in two directions by means of a methodological hypothesis; one of them already used in the registration and transcription of the discourse of the laborers, the other is the operation that attempts to recover not only said discourse, but also the interpretation between laborers of different spaces: hospital, factory, community healthcare center, along the co-production of knowledge.

Trespassing the threshold of the individual thinking of the researcher and boring onto their own muralities implies, in this proposed methodology, to look at the discursive encounter between laborers: the investigated researcher-laborer. Not only is the distribution of knowledge insufficient, but also the distribution of interpretation, and this level demands, undoubtedly, the construction of a knowledge-producing collective. The hypothesis that underlies is that the productive surplus in the work of knowledge upon labor is the equivalent to the surplus of *cooperation* (Marx, 1867). Cooperation, in this classical sense, is essential for production, and also characteristic of the capitalist system, and the relevant feature of this cooperation is the *despotic production scheme*. Then it is possible to support that social cooperation in the labor process (Hardt and Negri, 2002) is an element of productivity, however at the same time a *machinal* scheme (Gaudemar, 1981) that dominates the laborers.

¹³ Once again citing MDRI and CELS (2007), based upon interviews with functionaries, practitioners, relatives and interned people, it is estimated that 70% of the admissions are made out of “social reasons”; this is to say, because of difficulties to support the people outside the institution, problems to find a job or labor insertion or lack of social contention networks. This explains the extension of hospitalization periods in the City of Buenos Aires, out of the total of 2414 interned people by August 2005, almost 10% had been interned for 25 years; more than 25% between 10 and 25 years. On average, the time as an intern is nine years (MDRI and CELS, 2007).

Hence we deduce, in the face of the challenges of learning the meanings of alienated labor, that it is necessary to produce collective knowledge; this is not possible without a method that includes cooperation. Thus the discursive element becomes a tool to produce knowledge and at the same time distribute it. So far we have shown coproduction with laborers and nurses and co-discover the history of labor in the very institutional history, the ailment and their sources of domination. Below, we give an account of a dialogue attempt between laborers in a *recovered factory*¹⁴ and co-producer nurses on the process and the product of the co-production device with nurses.¹⁵

Co-producer nurse: “the axis has to be alienation; in the institution the mandate is that there is no place for a thinking man, the institution doesn’t let you think, you’re not allowed”.

A laborer from a recovered factory: (in the time of the despotic management) “there was a discipline boss”.

Co-producer nurse: “A discipline boss in a factory?”

The laborer from a recovered factory: “sure, he may appear at any time. Every now and then we washed our face to wipe the grease away. But we had to leave a dirty tool near always, to fetch it if the discipline boss appeared; a pair of clean hands was a sign of idleness”.

Co-producer nurse (woman): “the first thing I imagine is the psychiatrist working a patient, then a psychologist working a patient and then the nurse... the disciplines appear onto me, it is difficult for me to see the man behind the discipline”.

Co-producer nurse: “this is the institution motto, not to see the man. We see a patient and also see the man behind the patient, and that is what makes us suffer”.

The laborer from the recovered factory: “just as the bell rang we had to enter the machine room, one person per machine, there couldn’t be two in a machine. One had to be ready five minutes before that ring. If one answered back to the chief they fired you. To go to the bathroom you had to ask a replacement, up to two times in the shift. With this regime we had we were far too miserable...”

¹⁴ At the moment of social and economic crisis between 1998 and 2000 in Argentina, the tendency established some years before of recovering factories by their laborers (Fajn, 2003). This implied the setting into motion of the abandoned or bankrupt productive units by the laborers, through labor cooperatives. By 2005, it is considered that there are about 161 companies recovered by former laborers and that these employ some 7000 laborers (Programa Facultad Abierta, 2005: 36)

¹⁵ The following fragments correspond to encounters held in the hospital and the University of Buenos Aires (2005), and whose selection tries to give an account of the interchanges.

with the problems we had we had our revenge. I was a mechanic and worked whenever I was called. I felt like working overtime but if I wasn't called I couldn't go. Then, I went in and took a key from a machine so that it broke down and they called me on Saturday and Sunday to get the machine repaired. Before leaving I let them know that the machine was not working well. And I had the key, but they just wouldn't look down there".

After the interchange they stop comparing their jobs, it seemed as though they were utterly different jobs, as in one there was talk on production, market, products; while in the other cares, vigilance and health.

The laborer from the recovered factory: "it was to produce more because they paid well. In the case of surplus the margin goes to the machinist. So at the time trail one left margin for oneself, also rise the temperature to make it faster, gain that time. Each one worked at their temperature, at their own pace... each one care for their very own faults, there was not much unity among coworkers, some gave you away with the discipline boss".

The nurses reflect; there seems to be no connections between these sorts of jobs; however, in the interchange, it looks as if "the traps for the nurse were the modules", because of them a nurse might spend days inside the institution working and even lose the track of time and the day they live in. This discursive production allows bridging the different positions and places each labors holds, discovering the underground logics that cross them, which place them in crossroads, in "tragic enclosures" (Ulloa, 1995).

The laborer from a recovered factory: "one goes to a meeting and sees some talk over here, other over there... in turn this is different, this has to be the base. The factory, when we recovered it, changed a lot... we used to have the vigilance, we had the chief at our side. Nowadays it all depends on the base, on the ones at the machines, on each of us. But before we could have meetings, we were doing it, informative meetings, to talk, to unite and defend the factory... so none comes after us. We had time because there were no requisitions. Then when there were requisitions there was not time to gather that often. Our coworkers said... why to waste our production time, anyways we can manage through the councilors each meeting... then it was that the councilors only informed those who asked, that the coworkers did not ask...".

Co-producer nurse; "fragmentation can come from the very laborer".

The dialogue is about domination, production and reproduction of the machine. The look of other laborers opens the possibilities to discover the common logics in the same process of modulation-modeling of men.

Co-producer nurse: “the political, economic and social system works on the men who produce (for them), either those who produce tin or take part in healthcare services, the sample of ‘mirrors of colors’ reaches us all, in prize to production or ‘modules’ so that we produce (more for them). Fragmentation reaches us all, to weaken and not being able to achieve being a collective that relived this situation... it came as a surprise to discover ourselves, that the laborer that produces tin is in the same situation as that who works in healthcare... how men are worked with the health of men”.

Final note, as a closure

Alienation of the laborer: this reminds me of the many times that other practitioners, mainly doctors, appropriate knowledge, information from nurses, and make it their own. And I say making it their own because it is the necessary information to produce their diagnoses; there is no feedback, distribution of the contributions from the experience, training for nursery in this case. In this way, there would be a contribution to alienation, as neither labor nor knowledge is felt as proper. Possibly a response would be what you propose: production of collective knowledge (co-producer nurse).

Another issue that I'd like to add is that we as mental health laborers are submitted (at macro level) to the same sources of domination as the partners of factories, in any room at a hospital since we produce in the same economic system, the capitalist system. The good thing is that these encounters with partners from other labor sectors is that we can analyze more micro issues and closer to our subjectivity, from here the sensation of feeling accompanied, and indubitably produce knowledge all together (co-producer nurse).

This essay has moved along different channels and we want that its reading invites to move along other paths or scale models. Basically, we tried to put into scene three lanes and change them in their complexity: the nurse laborer in mental health, the methods of work and the process of labor learning, producing new meanings, for the comparative study. We usually find tension between the specialized, localized analysis and the comparative analysis. Even frequently in comparative studies, especially the international ones face many difficulties. Neither is it frequent in labor sociology to compare branches or sectors of activity, for instance between factories and services.

In the analysis here sketched, the comparative appears in multiple aspects: the bridges between factory production and the hospital and the praxis of co-productive research when performing an ongoing comparative co-productive observation. These spatial and conceptual movements propitiate a *multiple reflectivity*—a multiple game of comparison involving different cognitive and conceptual

matrixes— that is expressed in the analysis of other fields, in the reflection on the very field (and its matrixes) through the analysis of the other, producing at the same time a new accumulated inter-language or *over-intervening* (turning back) on the original.

Commonly the co-producers in our research analyze their own reality; in this case we have asked them an observational, first-hand and comparative investigative action in the factory. The comparative research in this case has a contrasting between different fields, and at the same time however, a subjective-collective contrasting between researchers and co-producers of different devices and analysis frameworks. In this exercise we open: the explanatory linkage between different micro-macro levels, collective-subjective, the productive plus from the change of field, the interrogation from other (theoretical and spatial) place and the actual practice of university transfer with the research practice of the analyst co-producer.

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Alberto Leonardo Bialakowsky. Sociologist. University of Buenos Aires. Titular professor, Faculty of Social Sciences, University of Buenos Aires. Research Project Manager UBACyT S064, Gino Germani Research Institute, Faculty of Social Sciences, University of Buenos Aires. Vice President of the Latin American Association of Sociology (Asociación Latinoamericana de Sociología, ALAS) Chairman of the XXVII Congress Organizing Committee ALAS Buenos Aires 2009. Research lines: labor sociology and research coproduction methodology. Recent publications: (coauthorship) “Prácticas gubernamentales en la regulación de poblaciones extinguidas”, in *Producción de pobreza y desigualdad en América Latina*, Colombia (2008); (coauthorship) “L’Université en crise. Mort ou résurrection?”, in *Revue du Mauss*, num. 33, Editions La Découvert (2009); (coauthorship) “Aportes a una teoría del cambio: gubernamentalidad, fuerzas productivas y praxis de sujetos colectivos en nueva época.”, in *El mundo del trabajo en América Latina. Permanencia, diversidad y cambios. Grupo de Trabajo de CLACSO: Trabajo, empleo, calificaciones profesionales, relaciones de trabajo e identidades laborales*, Buenos Aires (in print).

Delia Elena Franco. Sociologist. University of Buenos Aires. Researcher at Gino Germani Research Institute at UBA (University of Buenos Aires). University professor. Member of the Project Research team UBACyT S064. Research lines: health, labor, education. Recent Publications: (coauthorship) “La coproducción investigativa aplicada al estudio comparado de los procesos de trabajo en una nueva época capitalista”, in *Revista Latinoamericana de Estudios del Trabajo*, num. 19, Venezuela (2008); (coauthorship) “El encuentro de saberes en la coproducción de conocimiento en salud mental y trabajo”, in *América Latina e Brasil em Perspectiva*, ALAS/Capes/Editora da UFPE (2009).

María Mercedes Patrouilleau. Sociologist. University of Buenos Aires. PhD intern of the Research Project UBACyT S064. Research lines: collective and political identities, collective discourse and action. Recent Publications: (coauthorship) “Prácticas gubernamentales en la regulación de poblaciones extinguidas”, in *Producción de pobreza y desigualdad en América Latina*, Buenos Aires (2008); (coauthorship) “La construcción de proyectos populares en el campo de las empresas recuperadas por sus trabajadores”, in *V Jornadas de Sociología de la UNLP y I Encuentro de Metodología de las Ciencias Sociales* (2008); (coauthorship) “La construcción de una demanda social. Del conflicto sindical-patronal al proyecto de gestión obrera en Zanón, Neuquén”, in *Historia de la Patagonia: 3ras. Jornadas*, Neuquén (2008).

Nora Bardi. Nursery Degree from the National University of Rosario. Team Member at the Research Project UBACyT S064. Research interests: health / mental health and labor. Recent Publications: (coauthorship) “Uma sociologia do trabalho contrastada”, in *Revista Tempo Social*, Universidad de San Pablo (2006); “El encuentro de saberes en la coproducción de conocimiento en salud mental y trabajo”, in *América Latina e Brasil em Perspectiva*, ALAS/Capes/Editora da UFPE (in print).

Cecilia Maria Lusnich. Sociologist. University of Buenos Aires. Researcher at Gino Germani Research Institute at UBA. University teacher. Member of the Research Project team at UBACyT S064. Candidate to Master degree in Labor Social Sciences, UBA. Research Lines: labor sociology, health sociology, methodology. Recent Publications: (coauthorship) “La articulación salud-trabajo en personal de enfermería: procesos de trabajo y desgaste social y subjetivo”, in *El padecimiento mental. Entre la salud y la enfermedad*, Buenos Aires (2009); (coauthorship) “L’Université en crise. Mort ou résurrection?”, in *Revue du Mauss*, num. 33 (2009); (en coautoría) “El encuentro de saberes en la coproducción de conocimiento en salud mental y trabajo”, in *América Latina e Brasil em Perspectiva*, ALAS/Capes/Editora da UFPE (in print).

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