

WHO TAKES THE RAP*? PSYCHOANALYSIS AND SOCIAL CLINIC

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ABSTRACT: Bearing in mind the alarming growth of both individual and collective vulnerabilities, we cast a light upon the promising resurgence of a psychoanalytic praxis more sensitive to the social context and willing to leave the comfort zone of the private praxis to reclaim its stand in public spaces. By reclaiming the history of the free clinics ventured at by the first generation of psychoanalysts and drawing upon the testimony of several social-oriented clinical experiences to the center of the debate, we aim to draw attention to some key features of a psychoanalytic endeavor committed to the current social-political context and the driving forces towards its eventual growth.

Keywords: psychoanalysis on the streets; psychoanalysis in public spaces; psychoanalytical training; psychoanalysis at the public universities; psychoanalysis and public services.

Resumo: *Quem paga o phatos? Psicanálise e clínica social.* Considerando a intensificação dos desamparos, nas esferas individuais e coletivas, observamos a retomada de uma psicanálise sensível ao contexto social, disposta a sair dos consultórios para reencontrar seu lugar nos espaços públicos. Mediante o resgate histórico das clínicas públicas da primeira geração de psicanalistas, bem como após trazer o debate e os testemunhos em torno de múltiplas experiências de uma clínica expandida da psicanálise, chamamos a atenção para algumas características centrais de uma atuação psicanalítica comprometida com a dimensão político-social e para as linhas de força de sua possível expansão.

Palavras-chave: psicanálise na rua; clínica pública de psicanálise; formação psicanalítica; psicanálise na universidade pública; psicanálise nos serviços públicos.

* The authors use the word “*Pathos*” as a pun, in exchange for the word “*pato*” from the Portuguese expression “*Quem paga o pato?*” (*Who takes the rap?*).

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INTRODUCTION

The fallacy of the transmission of an apolitical psychoanalysis, incompatible with the social dimension, has been falling by the wayside among us. And it was about time. The multiplication of clinical experiences beyond the private clinics, such as, for example, the care for people in extreme social conditions – whether by psychoanalytical collectives and societies or undertaken by the institutions that implement public health policies – has been promoting the historical redeeming of a psychoanalysis socially and politically engaged, which was to be found since its first generation.

Parallel to that, we have seen a greater permeability of psychoanalysis and of the psychoanalysts to the interdisciplinary studies of the feminist, antiracist and decolonizing orientation. The intersectionality among the markers of race, social class and gender have been increasingly, albeit it still shyly, taken into consideration with regards the unequal distribution of the social-political precariousness and vulnerabilities of those whom we intend to listen to, besides also opening a new field of transferential and counter transferential elaborations in the realm of the clinical encounter, within and without the clinics. If it is only possible to create the new based on a tradition, as Winnicott will tell us (WINNICOTT, 1971), it is in the very creator of psychoanalysis that we go to once more to search for – and happily find! – affiliation.

Thus, we aim to highlight some identifiable aspects in the experiences of socially active psychoanalytic clinics. After a review of public clinics at the beginning of psychoanalysis, we then proceeded to a brief discussion about the inventiveness of the technique in the context of non-traditional settings – and on the importance of the work in the territory – which implies questioning the individual modality of analysis, opening the way for working with groups. Finally, we approached the question of the restructuring and democratization of the training in psychoanalysis. Each one of these aspects would deserve a study of its own, but, in the present text, we shall be content to just indicate them, leaving their unfolding to future endeavours.

SOCIAL AND PUBLIC VOCATION OF PSYCHOANALYSIS

At the Conference entitled *Wege Der Psychoanalytischen Therapie* held in Budapest, in the year 1918, we find in Freud the seed of the social and public vocation clinics in psychoanalysis. The political-programmatic tone of the said conference is attributed to the special interlocution with representatives from the States of Hungary, Austria and Germany present on that occasion. After a period of collective experience of great confusion of the meetings and of everyday life along World War I, Freud sets out to make a summary of the contributions of psychoanalysis to society and to the field of mental health up to that moment, mapping the way for its possible evolution.

Freud, by the way, from the beginning of his speech maintains that which appears to us to be the core of a truly psychoanalytical posture: the non-dogmatic, conceptual opening to the primacy of experience: “We are ready, as we were before, to admit the incompleteness of our knowledge, to learn new things and to change in our procedure that which can be substituted for something better” (FREUD, 2018, p. 191). One can therefore acknowledge his speech as a true “political act against the tendency towards a precociously present dogmatism in the psychoanalytical movement” (FREUD, 1919 [1918]/2018, p. 204). The direct mention to Ferenczi, the only one of his collaborators to be nominally cited in his speech, points to the acknowledgment of the need for a certain daring – upon facing the impasses of the clinic – which would, subsequently, substantiate the Ferenczian studies about the technique and its elasticity. After all, as Gondar reminds us, Ferenczi was “more engaged in social causes than Freud, more genuinely worried with suffering and more sensitive to the subjective problems experienced in the power games” (GONDAR, 2012, p. 195), producing concepts and clinical innovations whose implications are also political.

It is worth pointing out that although sanctioning a posture favourable towards flexibility and technical experimentation, Freud ratifies that the therapeutic effect of a psychoanalytically oriented listening, in any modality in which it may be rendered, should continue to be owed to the acknowledgement and consideration of the unconscious as well as to the transferential dynamics of the encounter.

It is also in this conference that we identify in Freud an ethical scruple against every form of violent and colonizing influence of the other. He further clarifies that he was able “to help people with whom he had no ties of race, education, social standing nor world vision, without bothering them in their peculiarities” (FREUD, 2018, p. 198) and he summons towards a non-directive ethics, although admitting to some sphere of analytical or even educational influence in specific situations: “The patient must not be educated to be similar to us, but towards the release and achievement of his own essence” (FREUD, 2018, p. 199). It is also driven by this scruple that Freud resists placing psychoanalysis at the service of a specific world vision (*Weltanschauung*), which would be “only violence, even if under cover of the most noble of intentions” (FREUD, 2018, p. 199).

In a very interesting passage in the conference, Freud acknowledges the scarcity of graduated psychoanalysts in those times and the fact that a single analyst is only able to conduct few individual analyses along his lifetime. He equally acknowledges the analyst’s dependence on the wealthiest layers of society for his material survival, which, in a certain way, would contribute to funnel the access to the therapeutical effects of psychoanalysis by means of a class bottleneck. He wagers on a change in the psychoanalytical training, imagining an organization that could multiply the number of analysts for “the treatment of

the greatest masses of people” (FREUD, 2018, p. 201). We shall presently return to the critical questioning and need for a reformulation in the psychoanalytical training.

For the meantime, it suffices to stress that Freud postulated, back in those times, mental health as a matter of public health and, therefore, as a social and individual right, forecasting, moreover, situations in which mental health assistance should be rendered, not only for free, but alongside an effective material support to the population under care. Freud certainly envisaged that psychoanalysis become the main beacon of the mental health practices in the framework of public health. He considered, therefore, the institution of free treatments for the population, with the possibility of private and/or state aid in meeting the costs for the treatments as well as the training and remuneration of the analysts, along the lines of a public-private partnership.

The thorough work of Elisabeth Ann Danto, translated and published in Portuguese only in 2019, recovers the historical experiences of the first free clinics undertaken by the first-generation psychoanalysts, as a direct effect of the Freudian call in the cited conference. Well before the possibility of any reading or studying about the activity of the mentioned clinics, there reached Latin America and Brazil the living repercussions thereof in the bodies of the immigrants originated in the post-war psychoanalytical diaspora. Although we cannot, within the limits of this article, delve into the particularities of the expansion of psychoanalysis in Brazil, it is interesting to stress that, with rare exceptions, the idea of the neutrality of the analyst enjoyed an almost cynic acceptance, especially in the context of the military dictatorship, serving as a support “for a clinic that revealed itself totally disengaged from the social and the political” (OLIVEIRA, 2017). According to Oliveira (OLIVEIRA, 2017), the psychoanalysts “got wealthier as they displaced the analytical listening, with a tradition in the social clinic, towards a new clientele of higher purchasing power, originating from the enlightened bourgeoisie or the ascending middle class and avid for a psychotherapeutic treatment” (OLIVEIRA, 2017, p. 81).

An example of the resistance to the discourse of the neutrality and the gentrification of psychoanalysis was the Psychoanalytic Social Clinic open from 1973 to 1991, undertaken by the joint initiative of, amongst others, Kattrin Kemper and Hélio Pellegrino, and that was totally mirrored after the experience of the Kemper couple in the paradigmatic Berlin Policlinic (FERREIRA, 2019). Decoupled from an objective of training, therefore different from the Applied Psychology Services in the psychology colleges or the clinics linked to the Psychoanalytic Societies and Schools, the Social Clinic had as its proposal that each professional connected to the project made available a few hours of attendance per week to patients who paid symbolic amounts. Such an initiative of a bank of hours would widen and democratize psychoanalysis towards a listening to those that were excluded from access to it.

Brum tells us that the writing in Brazil “writes to cast aside” and that, therefore, “it deletes as it writes, deletes those that it wants not to exist” (BRUM, 2021, p. 88). Well now, the recovery of this history after many years of repression and denial in effect unveils the telltale signs of a deletion that goes well beyond the unconscious slip, reflecting an intentional choice to perpetuate a certain disengaged version from psychoanalysis.

In an interview to Canavêz and Pacheco-Ferreira (2020), psychoanalyst Míriam Debieux Rosa mentions the significant suppression of the passage “the unconscious is political” in the Portuguese version of Lacan’s Seminars. According to Rosa, the intentionality of this kind of deletion would see itself confirmed in her clinical experience by the conflicting relationship of her activity with colleagues defending an apolitical pact of a certain *establishment* in psychoanalysis. This class resistance of the analyst, as Rosa calls it, not only produced epistemological repercussions, contributing towards the ignorance of authors who saw themselves relegated to the periphery of the psychoanalytical theorization, but also did restrict and does restrict concretely the capacity of the analyst to listen to the social denialism (CANAVÊZ; VERZTMAN, 2021).

As a means of being forewarned and to overcome this resistance, Canavêz and Verztman (2021) call for an actively decolonizing psychoanalytical listening, deconstructing the fallacy of the neuter and non-situated, supposedly universal, individual with a view to acknowledging the peculiarities of the suffering and violence to which specific groups are subject to, by virtue of the unequal distribution of precariousness. In the opinion of the authors, the indifference as to these markers would (re)produce the trauma of the denials and the perverse conservation of the silencing, instead of granting space to the possibility of a testimony, the purpose of the request for an effective psychoanalytic listening. In this sense, Martins (2021) reminds us that when there is a reiteration in the select deafness in listening, “the individual turns to not even wishing to speak anymore, as if in a kind of internalized censorship” (MARTINS, 2021, p. 94), which may actually help clarify why, during a long time, some forms of suffering seemed scandalously absent from psychoanalytical clinics.

Thus, the twisting of the questioning around the possibility or impossibility of the individual’s capacity to speak in the direction of our capacity to listen, contributes to the effect that we, psychoanalysts, may break away, while members of the society, from the pact that renders invisible those whose existences have been historically relegated to the margins. It is precisely in the contraflow of this deletion that we have witnessed countless initiatives of research groups and psychoanalysis collectives towards redeeming their lineage, acknowledging themselves as continuators of the principles that guided the first-generation free clinics and, at the same time, thinking over the specificity of this type of initiative in our current reality.

Among such initiatives, our attention is drawn to the role of the change in the social staff of the public universities in

the last few decades, a result of affirmative action policies, in the questioning of a psychoanalysis along the lines of private and outpatient care often restricted to the economic elites. Since the discussions that started to gain stature at the end of the 90's and that would culminate with the approval of law #12.711/2012, the higher education system went through transformations related to the creation of a series of policies and initiatives in order to promote civil, political, and cultural rights to a wide range of social groups that were or are [still] the object of discrimination, thereby widening the access of low income, black, brown and indigenous peoples, and public-school students to graduation courses. With regards the teaching of psychoanalysis at the university, we notice a critical questioning by the students as to a certain universalism present in many psychoanalytical concepts, producing a shakeup that may be taking some time to reach the psychoanalytical societies and training schools. Therefore, the university may play a strategic position in the psychoanalytical movement concerning the tensioning of conceptual propositions not so well situated precisely because it is being more directly questioned by individuals historically discriminated against. We are reminded of the provocations of Thamy Ayouch (2019) in the sense of thinking a psychoanalytical listening and conceptualization that may account for particular aspects of subjectivation related to ethnic, cultural, linguistic, sexual and gender related minority positions.

Bearing in mind this uneasiness, we organized a seminar called, *New dispositives of the psychoanalytic clinic towards the listening of social sufferings* (2021) to which were invited psychoanalysts of many diverse orientations to discuss their experiences of a clinic undertaken outside the walls¹.

As we delve deeper into clinical experiences as shared during the Seminar, we could identify some characteristics that cut through the attitude of a socio-politically engaged psychoanalysis since the first-generation up to our current days, that is, since the public interwar clinics and that of other expressive psychoanalytical interventions of the second generation – featuring the records of Winnicott in the inescapable work *Deprivation and Delinquency* – up to the dispositives discussed in the school room. We could also observe certain common postures, present to a greater or lesser extent, in the psychoanalytical attitude of those implicated with the initiatives about which we have discussed. As it could not be otherwise, we notice a convergence among the characteristics of the internal framework of the analyst (FIGUEIREDO, 2021) and the *ad hoc* frameworks which he is capable of sharing and sustaining in his clinical experiences (FIGUEIREDO, 2014), as we shall see next.

SOME COMMON CHARACTERISTICS

The technical inventiveness, central to the psychoanalytic method, may be observed each time that psychoanalysis sets out into new fields of listening, since it conducts to the enrichment and widening of the psychoanalytical performance and of its respective theorization. In the public clinics mentioned by Danto, for example, we noticed that there was an immense plurality among the individuals admitted for treatment in the social clinics. Not only were there welcomed individuals of other social extracts and of cultural contexts very distinct from those of the bourgeoisie at the time, but it also included a vast array of clinical situations previously reputed as unanalyzable in the light of the framework originally created for the treatment of adult neurosis. The lineup of those being assisted was made up of a great number of children, elderly, psychotics, addicts, workers, intellectuals, artists and working class self-employed, persons without financial resources etc. With the pluralization of the assistance, one began to observe that some nosographic manifestations did not keep, as was to be expected at the outset, any relation to age, class or gender of the patient. On the other hand, it was noticed that some psychic sufferings were clearly set off, favoured and magnified by the social class conditions of the person under care.

By reason of such expanded clinical practice and of the specificities of its demand, some postulates of the traditional framework were questioned and relativized, with the introduction of brief therapies, in a countermovement to the long-term treatments; shortening of the session time to 50 or 45 minutes; admission of face-to-face treatment, in substitution of the dispositive of the couch etc. Danto further writes about the interesting experience of Reich with the itinerant care, going out to meet the peripheral and suburban populations of Viena, as well as the growing questioning of Simmel and Alexander as to the maintenance of individual care, as seals of the bourgeoisie (DANTO, 2019), outlining the paths for group interventions and the collective work practices in psychoanalysis.

It should be noted that the wide field of the opening and technical inventiveness go beyond an elasticity or adaptation of the already existing techniques to new situations under care. In this sense, Verztman and Canavêz (2021) propose a psychoanalysis not merely adapted to the listening of marginalized populations but thought out and developed from the start point of meeting with them, their realities and specific world experiences, in the wake of what Winnicott defended about the importance of creativity and originality in the facing of *ad hoc* impasses (WINNICOTT, 1984). The English psychoanalyst used to say that the inventive capacity in the unusual clinical situations was of more value than the predictability of the

¹ Seminar conducted by Fernanda Pacheco-Ferreira and Julio Verztman and offered in the Psychoanalytic Theory post graduate grid, linked to the Institute of Psychology of UFRJ and the Mental Health Professional Master's course (IPUB/URFJ). We would like to thank all those enrolled and the auditors and, especially, the guests: João Batista Ferreira (CPRJ), Rosana Onocko (UNICAMP), Tales Ab'Saber (UNIFESP), Miriam Debieux Rosa (USP), Anna Turriani (Clinical Margins Collective and PhD student), Raonna Carolina Martins (USP), Nelma Cabral (EBEP-Rio and Psi Maré Project), Eloá Bittencourt Nobrega (SBPRJ and Psi Maré Project), and Fernanda Canavez (UFRJ).

framework, with some propension to the creative originality of the professional responsible for the handling of the critical situations being welcomed, provided that based on a lively interest and the sensitive attention to the effective needs of the beneficiaries of the care (WINNICOTT, 1984).

In the psychoanalytical interventions in the socio-political field, the professionals involved need, moreover, to be able to make use of a certain negative capacity (FIGUEIREDO, 2014), withstanding the necessary latency, a “do nothing” (MARTINS, 2019) until a dispositive sufficiently operative and efficacious can take shape. An internal and non-dogmatic posture (ROUSSILLON, 2018) contribute to this end, as well as the capacity to resist to transform a given dispositive into technique (MARTINS, 2021), bureaucratizing and depotentializing it. The great north star of the intervention must always be, at any time, “the individual under suffering, that makes us question as to the conditions necessary to care for him in a way that he can present himself *in that moment*” (SATO *et al.*, 2017, p. 493, italics by authors). This attitude of porosity of the dedicated professional to the care in relation to the peculiar necessities and powers of the beneficiaries of the listening reminds us that “it is a matter of something more radical in these encounters, of also embarking on and assuming some traces of the other, and thus at times even differing from yourself, detaching from yourself, coming unstuck from your own identity and constructing unusual drifting” (PELBART *apud* BRUM, 2021, p. 243), without, however, missing the goal of being yourself and to behaving yourself (WINNICOTT, 1965).

For that, it is necessary that “the mind of the analyst open up internal space for a place of observation, self-observation and reflection, that will allow him a free activity of researching and searching for the emotional truth of what is going on between him and his analysand” (FIGUEIREDO, 2021, p. 49-50), therein included the capability of the analyst to maintain what Figueiredo describes as *primordial countertransference*, i.e., the availability to really listen to the other that suffers and to place yourself to think on the analyzing situation, however much this may seem to waver before some challenges – and, we add, in unbearable social situations. A maximum availability is therefore necessary for the crossing of the intensive and affective aspects of the clinic and, at the same time, a capacity to establish an interior reserve endowed with sufficient reflectiveness, which leads us to think on the importance, whenever possible, of the presence of the analyst in the territory in which the caring intervention is to unfold.

The work in the territory is, therefore, another aspect that deserves special attention. Zygouris (2013), in a beautiful lecture, recalls the appeal made by Freud (1900) that we not confuse the scaffolding for the building, suggesting that the analysts remove the blinders off of the institutions and off the theories to open themselves up to the street. In her words, the analysands

remain in the sphere of the private because they imagine that it is that, and only that, that interests the analyst and that is what one should talk about in the analysis [...] They are right to a certain extent. It suffices to read what is written about the transference [...]. The theories about transference are very revealing as to what interests the psychoanalysts. Not even for that reason, in certain occasions, does the street neglect to seize the power, imposing itself upon our imaginary and our affection, and in these situations, it is required that the analyst not be deaf. The street is the metaphor where the political and the sexual mix, where the drives are solicited and spring forth in an amorous disorder, of a kind not featured in the familiar and psychoanalytic discourse. (ZYGOURIS, 2013, p. 53).

The author further draws our attention to the fact that the street provides the analyst with knowledge more diverse and ample than that which is made available by the institution and, we would add, from that originating from the experience of the intimacy of the private clinic.

As we are reminded by Broide (2019), following the psychiatric reform started in 1970, the psychoanalysts came to occupy various Mental Health public assistance dispositives, evidencing the impossibility of the clinic to dissociate the external reality from the internal reality, seeking rather to listen to what happens in the polis.

There is the care in the streets, the works developed by the SUS ([the Brazilian] Single Health System), in the Single Social Assistance System, with human rights, with adolescents in conflict with the law, with the street population, in mental health, with the formulation of public policies, in short, in all the social sectors in which our country finds itself in the eye of the storm. (BROIDE, 2019, p. 52).

This wider landscape – in which the psychoanalyst is called upon to position himself before the conflicts and sufferings that take place in the *polis* – would configure the scope of action of a clinico-political psychoanalysis (ROSA, 2016), for which “it becomes essential the displacement of the analyst to the territory where these social conflicts urge” (SATO *et al.*, 2017, p. 491). Although the private praxis is, for the psychoanalyst, only one of the possible spaces for the possible exercise of the clinic, the image of the analytic process as a one-on-one conversation within the setting protected by the intimacy of the meeting, aiming at the listening of the unconscious as a production of an individual truth, usually returns though the back door (PACHECO-FERREIRA; VERZTMAN, 2020).

Sensitive to the effect of the social embodied in the city over the psychic, Viñar (2014) affirms that the dictatorship helped reveal that the noise of the city that arrives at the clinic is not something to be discarded, with due acknowledgment owed to “an influence of the intimate life and of the personal life that projects itself on the social route of the individual; that there is something of the collective history that crosses the individual, and something of the personal life that constitutes the individual as a social subject” (VIÑAR, 2014, p. 228 *apud* OLIVEIRA, 2017). An episode comes to mind in which Winnicott interrupts the presentation of colleague Elisabeth Rosemberg about war neuroses at the British Psychoanalytical Society, against the backdrop of sirens and intermittent explosions, to register that an air raid was underway, insisting on the contact with reality in place of the theorizing abstraction (KAHR, 1996).

The mobility of the psychoanalyst throughout these other territories, geographic and theoretical, as well as the acknowledgement of the socio-political-economic reality in which the analyst and the analysand are inserted may, in our view, contribute to mitigate the political violence that divides the “geographies and existences between zones where one is and zones where the right to be is denied” (FANON *apud* TURRIANI, 2019, p. 343). This because the listening to the suffering, as Rosa (2016) so aptly advises us, extrapolates the privatist logic of the family romances, the oedipical plot, the constitutive destitution of every individual, leading us to identify this other, more insidious destitution, that results in an discursive devalidation – or invalidation – that hinders other narratives to integrate the grammar of the recognizable or desirous existences, remaining barred from being “I” and deprived of the composition of “us”. One must bear in mind that, for these situations of social conflicts or suffering to constitute a clinico-political happening, it is necessary that they be listened to as messages, implicating the speaking subject and the addressee of the speech.

By letting oneself be crossed by all these “differences that present themselves without words and with all the force in the transference: class difference, ideological, ethical, esthetic, security, architecture, food, fashion, smells, noises, sounds, temperatures, music, products on shops, and the way of walking, speaking, thinking etc.” (BROIDE, 2019, p. 54), the analyst may not only turn to listening to the territory and identifying in it the anchorages of the individual, but also listen to the way in which he is himself affected by these crossings, besides challenging himself to listen to that which he was unable to, by “his condition of class, colour, gender, privileges” (TURRIANI, 2019, p. 347).

Maybe as a corollary of the structurally not-all-encompassing nature of the psychoanalytic knowledge, or of any other knowledge, especially in the face of what unleashes abandonment and reveals the unequal distribution of precariousness, it seems to us especially important, as we indicated earlier on, the questioning of the limits of the individual model of analysis (DANTO, 2019). In this sense, since Freud’s Free Clinics, passing through the experience of Winnicott (1984) with the shelters for children and adolescents relocated at the time of World War II, the multiple experiences in Brazil with group therapy in the 70s, (FERREIRA, 2016, p. 61), up until the reports that come to us of the contemporary experiences, we observe that this type of clinic tends to organize itself spontaneously as a collective occurrence.

It remains clear that it is not a matter of stimulating the mere gathering of individuals alienated from themselves or amongst themselves, or the formation of homogenizing masses, along the lines as described by Freud (1921), i.e., constituted around an imaginary identification, via the ideal of the I, with the figure of a leader. The importance of thinking alternatives to the individual approach, in our opinion, resides less in the offer of a technical dispositive and more in the redeeming of the collective and community dimension while acknowledging the capacity for and, we might even add, the necessity to bond as an element of psychic health, against the grain of the intensified individualism by the radicalization of the neoliberal capitalism:

The Brazilian elites have gotten used to the logic that, to maintain their privileges, others shall lose their bodies. This logic infects the whole of society, including their victims. In countries like Brazil, the idea of progress is linked to the access to privileges. It is all about the progress of the individual since the idea of community is ruined. (BRUM, 2021, p. 250).

CONCLUSION: SOCIAL CLINIC TODAY?

In our view, the historical redemption of the so called “social clinics” is fundamental for us to question in what sense and with what intention we employ this denomination. The expression is frequently used to designate a franchised care to low-income populations. Clinical practices called “social” or “at a social cost” concern a treatment offered to less well-off economical classes, often serving as a career starter, a learning phase, for recently graduated professionals in search of settling down in their private clinics. A social clinic, on the contrary, should be at the service of a population in a critical and implicated form. In a certain way, there is no sense in qualifying a clinic as social, since every clinic should be, by definition, social, if we truly take into account the problematization, raised by Freud, of a segregation line, constructed in modernity, among the public, social and cultural spheres on the one hand, and the singular, individual and intimate spheres on the other. If we are going to maintain this type of designation, let it be as a strategical position, as a means of calling attention to something that insists on being suppressed from the concrete practice of the analysts, i.e., as an active effort to change the focus of the realization of the precariousness for the acknowledgement of the potentialities. There is a risk, as Campos alerts us, of placing peripheral populations in a place of eternal dependence and neediness, offering them an arbitrary assistance, dissociated from their

real necessities, especially the need for growth and autonomy, confining them to the “right to ask and receive” (CAMPOS, 2014, p. 26), in a construction evidencing passivity.

We finally reach the last and perhaps the thorniest aspect that we would like to emphasize in this discussion: the question of the psychoanalytic training. As Turriani states, more than democratizing the access to psychoanalytical treatment, “we need to radically transform the modes of transmission and training in psychoanalysis, for it is of little use that we continue elaborating theories about the psychic suffering in the outskirts – or be it, theories about a majority of the population excluded from the right to tell their history in their own name – if those same persons are deprived of the theoretical and technical resources to elaborate their own versions about their sufferings and also about ours” (TURRIANI, 2019, p. 345).

How then to render operational this change in the mold of the psychoanalytical training without forsaking the tripod that gives it support (personal analysis, continued theoretical training, supervision)? We reason that the psychoanalytical societies may draw upon some dispositives already widely utilized in universities, such as, for example, the implementation of affirmative policies, quota and scholarship grants, with a view to favouring that the training costs not be strictly supported on an individual basis by those students that do not have any other means of investment available besides this fundamental one: their commitment to let themselves be crossed by the psychoanalytical experience and their desire to contribute in a transformative way to their vicinity from the start point of their practice. This was, as a matter of fact, the model contemplated by Freud and put into practice in the Free Clinics of the first generation. In this way, the Psychoanalytic Society itself would establish, validate and support, beyond the discourse, another system of tradeoff, another gift economy, against the grain of the neoliberal logic. The pluralization of the training field should not, however, be restricted to the access of a larger and more diverse body of candidates but should also favour the protagonism of the subjectivities historically minoritized in the psychoanalytical transmission, the conduct of study groups, theoretical seminars, as well as the adoption and active production of other epistemes, in a joint construction of a decolonizing effort. Certainly, the implementation of these important changes in the scope of the training would bring alongside it the need for a revision of some concepts and psychoanalytical assumptions from a whole new field of knowledges.

It seems to us, therefore, fundamental to reflect about the fact that all these socio-politically engaged clinical experiences were historically linked to the criticizing and restructuring of the models of the psychoanalytic training (since the Public Clinics of Freud) and the transmission of psychoanalysis (BROIDE; BROIDE, 2016) and to the admission of a heterodoxy in the training (ever wider opening to non-doctors and non-psychologists, i.e., the lay analyst). As to the transposition of these important reflections not only in the realm of the trainings, but also for the clinical practice, we stress that it is not about idealizing possible change for the individuals under care, to dream it for others and to impose it upon them. This would only reproduce the violence of the mechanisms of subjection. It is about attempting to contribute so that the individual may have the means to conceive and put into motion strategies more compatible with life, in particular to the feeling of aliveness, a primordial need for every human being. And it is about, at last, to

[...] recognize the margins as what they are: centres of resistance against all forms of death, and the creation of possible lives, even in the impossible. The margin not as an exclusion, but as insurgence. (BRUM, 2021, p. 344).

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