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THE CLINICAL PSYCHOLOGY AS A SPACE OF REVELATION OF SOCIAL INIQUITIES

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ABSTRACT. This study intends to place the psychological clinic as a space for unveiling social inequalities by listening to excluded subjects through the psychological on-call sessions. There is a gap in the specialized literature in clinical psychology that, generally, does not link clinical processes and psychosocial processes, maintaining a hegemonic discourse that barely articulates the psychological, social and political issues. The Grounded Theory, as a qualitative-interpretative methodology, was adopted in this study. The qualitative analysis of field diaries produced based on the psychological on-call sessions generated categories that point to the fragility of family and community bonds, the sufferings of being treated as inferior, and the need to expand clinical practices with excluded people. The material and symbolic precariousness experienced by excluded subjects are reproduced in their relational and community networks as violence, oppression and weakened bonds. Inclusion in place of inadequacy and inferiority excludes people from the possibility of perceiving themselves as worthy and capable of contributing to society, generating an erasure of themselves. There was a need for an expanded clinical practice that considered the specific experiences of excluded subjects, which could produce new encounters and affections as a counterpoint to the disqualifications received daily. In listening to popular classes people, the research team sought to sustain the complexity present in sufferings, focusing not only on their subjective issues but also on the social and historical production of their vulnerabilities.

Keywords: Clinical practice; subjectivity; social exclusion.

A CLÍNICA PSICOLÓGICA COMO UM ESPAÇO DE DESVELAMENTO DAS DESIGUALDADES SOCIAIS

RESUMO. Este estudo pretende colocar a clínica psicológica como um espaço de desvelamento das desigualdades sociais a partir da escuta de sujeitos excluídos através de plantões psicológicos. Percebe-se uma lacuna na literatura especializada em psicologia clínica que, geralmente, não vincula processos clínicos e processos psicossociais, mantendo um discurso hegemônico que pouco articula o psicológico, o social e o político. A Teoria Fundamentada nos dados, metodologia de natureza qualitativa, foi adotada nesse estudo. Através da análise qualitativa de diários de campo produzidos a partir de

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atendimentos do tipo plantão psicológico, foram geradas categorias que apontam para a fragilidade dos laços familiares e comunitários, os sofrimentos de ser tratado como inferior e a necessidade de ampliações de práticas clínicas com pessoas excluídas. As precariedades materiais e simbólicas vividas pelos sujeitos excluídos são reproduzidas nas suas redes relacionais e comunitárias como violências, opressões e vínculos fragilizados. A inclusão no lugar da inadequação e da inferioridade excluem os sujeitos da possibilidade de se perceberem como dignos e capazes de contribuir com a sociedade, gerando um apagamento de si mesmo. Houve a necessidade de uma prática clínica ampliada que levasse em consideração as vivências específicas de pessoas excluídas e que pudesse produzir novos encontros e novos afetos como contraponto às desqualificações cotidianamente recebidas. Na escuta de sujeitos de classes populares a equipe buscou sustentar a complexidade presente nos sofrimentos, focalizando não só suas questões subjetivas, mas também a produção social e histórica de suas vulnerabilidades.

Palavras-chave: Prática clínica; subjetividade; exclusão social.

LA CLÍNICA PSICOLÓGICA COMO UN ESPACIO PARA DESVELAR LAS DESIGUALDADES SOCIALES

RESUMEN. Este estudio pretende incluir la clínica psicológica como un espacio para desvelar las desigualdades sociales a través de la escucha de sujetos excluidos con planton psicológico. Se percibe una ausencia en la literatura especializada en psicología clínica que, en general, no vincula procesos clínicos y procesos psicosociales, manteniendo un discurso hegemónico que poco articula problemas psicológicos, sociales y políticos. En este estudio se adoptó la Teoría Fundamentada, una metodologia cualitativa. Através del análisis cualitativo de los registros producidos com el material do planton psicológico, se generaron categorias que apuntan a la fragilidad de los lazos familiares y comunitarios, los sufrimientos de ser tratados como inferiores y la necesidad de ampliar las práticas clínicas con personas excluidas. La precariedad material y simbólica vivida por los sujetos excluidos se reproduce en sus redes relacionales y comunitarias como violencia, opresión y vínculos debilitados. La inclusión en lugar de inadecuación e inferioridad excluye a los sujetos de la posibilidad de percibirse a si mismos como dignos y capaces de contribuir a la sociedad, generando un debilitamiento de si mismos. Se notó la necesidad de una prática clínica ampliada que consideran las vivencias específicas de las personas excluidas y que puede producir nuevos encuentros y nuevos afectos como contrapunto a las descalificaciones diarias recibidas. En la escucha de sujetos de clases populares el equipo buscó sostener la complejidad presente en los sufrimientos, enfocando no sólo sus cuestiones subjetivas, sino también la producción social e histórica de sus vulnerabilidades.

Palabras-clave: Práctica clínica; subjetividad; exclusión social.

Introduction

Science can stand for a possibility of enlightening the world, the social mechanisms that cover up power relations and reproduce unfair privileges and social inequalities. In particular, the human sciences can contribute to unveiling invisible aspects of the social order, piercing the layers of the obvious and the clear and denouncing relations of power

and discrimination (Bauman, 2001; Souza, 2015). In a profoundly unequal society like the Brazilian one, the reality of the subaltern classes is made invisible by the diffusion of a liberal vision of society through the ideology of meritocracy. The subjects' successes and failures are perceived independently of analyzes on differentiated access to income, cultural capital, and the dispositions such as discipline, self-control, and prospective reasoning, aspects cultivated in the middle and upper classes. The popular classes are blamed for their failure, naturalizing social inequality and covering up the social and differentiated character of the construction of human beings, focusing only on the subject, his possibility of success and failure (Souza, 2015).

In this context, this work aims to place the psychological clinic as a space for unveiling Brazilian social inequalities by listening to the suffering and affections that circulate in the clinical space with excluded subjects. Generally, studies on poverty focus more on issues of material deprivation, and it is necessary to shed light on the subjective and psychosocial aspects that manifest themselves in precarious lives. As if the popular classes only had immediate survival as north and were "dis-subjective", as if they also did not go through subjective impasses and suffering. The popular class subjects, in addition to material lack, are not recognized as subjects. They are stigmatized through stereotypes that dehumanize and authorize fearful or contemptuous feelings and justify violence (Jodelet, 2011). In this sense, as Sawaia (2011, p. 101) points out, "the cries of suffering show the hidden domination in relationships that are often considered part of human nature". The author points out the ethical-political suffering as the pain arising in social situations of being treated as a subordinate, worthless and inferior. Listening to this suffering in the expanded clinic can serve as analyze field for contemporary social issues of human dispossession, social inequality and the countless injustices present in Brazil.

In the absence of articulation between clinical and psychosocial processes, of an intertwining of the psychological, the social, and the political, Psychology can contribute to the concealment of dominations and oppressions. As a science constituted in Modernity, the search for control and order also guided psychology. Therefore, it is still possible to perceive a hegemonic discourse based on a conception of universal subjectivity, which disregards the social context, prescribing stages of development. Traditional psychologies' corrective/normative character is manifested in figuring out different lifestyles from the norm as amenable to correction or treatment (Huning & Guareschi, 2005).

The empirical foundations of the work are constituted from a research-intervention project conductedin a support institution in a city of nearly 100 thousand inhabitants of a State from the Midwest region of Brazil.The research team consisted of students and a coordinating teacher belonging to a federal university's psychology course.The place where the interventions are conducted is a philanthropic establishment, which is proposed as a support house, run by people connected to religious institutions, which supplies care such as food (breakfast and lunch), a place for personal hygiene and a structure for cleaning clothes, providing clothes and shoes and including educational lectures. The target audience includes homeless people, highway wanderers, unemployed people and low-income workers such as street sweepers. The team offered on-call psychological sessions, from Monday to Friday – from 10 to 12 o'clock, the time of most significant circulation in the establishment. Besides the reception, the psychological on-call is a type of listening that expands the psychological clinic because it is a modality inserted in institutions or communities. In this way, the social dimension of the speeches is highlighted, as well as the subjects' network of relationships. The territory's care equipment network is a constant

aspect of the on-call staff's attention. Punctual welcoming, different from the procedural listening of psychotherapy, calls the psychologist to be open to the unexpected, mobilizing unique actions, betting on the power of the subjects, beyond only to be a clinic of listening on suffering (Scorsolini-Comin, 2015). Therefore, it is a clinical-political intervention of subjective urgencies.

Along with the notion of contextualized subjectivity, permeated by cultural practices and power relations, the dialectical concept of exclusion/inclusion (Sawaia, 2011) and the notion of social vulnerability (Romagnoli, 2015) are adopted in this work. The dialectical analysis of exclusion/inclusion reveals that most of humanity is somehow inserted in the production and reproduction circuit of the economic system, despite such inclusion taking place through countless deprivations. The precarious and marginal inclusion in the circulation and production of goods responds to the need for more efficient and cheaper reproduction capital in times of neoliberal capitalism. Notwithstanding social inequality, the slum residents and the rich are simultaneously targets of the fictions of soap operas and the seductive bombardment of consumerism (Veras, 2011). Therefore, there is an ideological unification, but many do not meet the market's seductive impulses and are not considered worthy or decent, still being in a state of social exclusion (Bauman, 1998).

Moreover, it is essential to point out that we live today, a radicalism of neoliberalism in our country, as Safatle (2020) highlighted. This new form of state violence insists on a fascist way of governing, manages death, and makes increasingly visible the mixture of capitalism and slavery, specificity of our history, our silences and the invisibility of lives that may die, and hatred toward the poor. This new social technology support itself in Necropolitics, so-called by Mbembe (2018). Based on an analysis of the colonies, this author studies the *plantation* system as the first mode of biopolitical exercise. The *plantation*, a model of economic organization in which four main aspects stand out: latifundium, monoculture, hand in slave work and production turned to the foreign market, was kept by domination and destruction, keeping the terror and hell of Black people. Effects still present in our contemporary society, especially concerning the periphery of capitalism. When studying urban violence and its relationship with youth, Barros, Benício, and Bicalho (2019) show how poor and black youth have been criminalized and exterminated, showing that our country's colonial logic is eternal. Killable lives, lives that do not matter, like the audience for the research/intervention project presented here.

The notion of social vulnerability is another vital aspect to be considered in this work. To Paulon and Romagnoli (2018), vulnerability refers to the unfavorable conditions of social exclusion that reduce the potential for responding to risk situations. Although the vulnerability is not directly linked to poverty, it can aggravate it and increase exposure to various risks. Some factors such as precarious jobs or unemployment, little access to essential services, scarce social support and fragile social relationships are aspects that can produce vulnerability (Romagnoli, 2015).

When studying people in poverty, more specifically the intersectionality of black women, Moura, Barbosa, Sarriera, Segundo and Lima (2020) show how the social recognition of these subjectivities is based on derogatory and blaming aspects of their condition. And that the combination of poverty and racism, highlighted above, further aggravates this stigmatization process. Today in our country, we are experiencing increasing blame of people living in poverty, above all by undermining state and social responsibility in combating this deprivation and expanding the individual's accountability conducted by people who are not situated in this context. Despite realizing the vulnerability

and risk conditions that users presented, the 'not importance' of the lives we work with, the team cultivated the care of the possible potencies that can arise in vulnerability and the encounter with the different. This prudence is necessary because interventions with vulnerable populations result in guardianship relations through welfare and hierarchical practices, producing even more subjection and passiveness in excluded subjects.

Method

This study is part of the epistemological framework of qualitative research in social sciences. Qualitative research focuses on understanding particular cases and not generalizing laws to apprehend the meanings of the subjects' experiences from the context in which they lived (Goldenberg, 2004). The Grounded Theory in the data was adopted in this study. It is a qualitative research methodology that directs the collection and analysis of data toward constructing theoretical concepts grounded on the data itself rather than adopting preconceived hypotheses (Charmaz, 2009).

This research sought to perforate the surface of subjective and social life to try to unveil feelings, beliefs, meanings within the contexts and life structures of excluded Brazilians, supporting these colonials' crossings, to associate them with the personal issues presented. The research team's idea was to seek possible manifestations of inequality and Brazilian social injustice in the clinical space of psychological on-calls. For data collection, field diaries prepared by the on-duty psychologists were used. These were records of material that appeared in the space of clinical interactions, such as observations, speeches descriptions, feelings and elaborations by the on-call staff. A field diary was produced for each clinical care provided, generating 219 psychological field diaries between February 2017 and December 2018. It is essential to mention that the article is part of a project approved by the Research Ethics Committee with the CAAE: 83273618.5.0000.5083.

Data analysis was the step that took place after organizing the files of field diaries. The coding procedure was performed in each field diary. Initially, the first coding was done, naming segments of the field diaries with words or short sentences that summarize and analytically represent each part of the data. Then, it was systematized in a table and guided the new data collection. Subsequently, focused coding was performed. The most frequent and significant initial codes were kept, besides a process of refining similar ones to have codes with greater explanatory power (Charmaz, 2009). The elaboration of these categories was generated from the grouping of codes by thematic similarity and short texts. As a result of this investigation, the built categories were: 1) fragile family and community bonds as a condition of vulnerabilities; 2) The pain of being seen as inferior; 3) expanded clinical practices. These categories will be presented and discussed below.

Results and discussion

Fragile family and community bonds as a condition of vulnerabilities

In the listening space, provided by psychological on-calls, it was possible to perceive the vulnerabilities and risks to which the subjects of the popular classes are exposed. Although vulnerability is not an exclusive condition of poverty, some class conditions provide more significant risks and less protection for people from the lower classes. A sum of diverse

vulnerabilities circulated in the on-call sessions, such as precarious family socialization, fragile social relations, instability in the labor market and a range of oppression and violence to which lower-class subjects are preferentially targeted. These conditions mistreat life and install feelings of incapacity and perception of life as a series of failures, generating subjective suffering.

In clinical interactions, experiences of helplessness and abandonment that users suffered in childhood were narrated. Some events caused the disintegration of the family, such as the death of the father or mother, causing the children to go to adoptive families. "Children were "given" to another family," so some users narrated. These 'given' children, who were the currently assisted users, suffered mistreatment and abuse of several types. Analyzing the functioning of popular class families, Sarti (2007) points out that they present a network configuration. It is common in families with rupture and separation, the circulation of children, with activation of this network via collectivization of responsibilities for minors. It is usually a form of organization that ensures a solution forward the survival, sustained by complicity and solidarity. However, in the reports collected in the on-call sessions, we noticed signs of violence in these children.

Social class conditions can elucidate these fragile family formations. Souza (2017) states that the aspect that most distinguishes Brazilian society would be abandonment, contempt and hatred toward the poor. From the end of slavery to the present day, there was the abandonment of the popular classes in Brazil. At the time of slavery, the formation of black family groups was hampered and prevented any attempts at autonomy and independence by slaves. However, these impediments have not prevented the emergence of solid solidarity among them. On the contrary, they fostered it, as Lobo (2015) highlights, a brand still presents in the popular layers. Family bonds and the independence of Black people could be factors that hinder the domination of these groups.

Slavery prejudices were cultivated by all other social classes and are currently directed at the popular classes, now as class prejudices. The lack of commitment to the suffering of the other strongly marks the processes of exclusion in Brazil (Sawaia, 2011). Hate and contempt for the poor are still factors that hinder the construction of subjects with self-confidence, who have difficulties in transmitting affection and incentives for social competition to their children. Marginalized and power deprivation *status* would cause weakness in family bonds, as Jodelet (2011, p.65) argues: "exclusion, limiting social chances, would cause family and community disorganization, defective socialization, loss of identifying signs, demoralization, et so on". As poverty has a devaluation stigma, the poor are driven to live more isolated to hide their inferior *status*. Humiliation segregates people within the social group itself, causing relations to be distant and without the possibility of a feeling of class belonging (Paugam, 2011). Therefore, these factors of stigmatization of popular classes cross the formation of family and community bonds.

In the clinical space, several reports circulated about this weakness of family groups often produced in the very relationship with society, which makes us think about the effects of social exclusion and inequality on subjectivities. Many users reported that they were sexually abused or witnessed scenes of violence when they were children. One user narrated that he was kicked out of his home by his mother and siblings. He said he likes to be alone and does not trust anyone. He said he has three children but has no contact with them. He also answered, 'no one misses what they never had' when the on-duty psychologist asked him if he would like to be close to his children. Abandonment in childhood can produce attachment difficulties in adult life. A user who lost her parents at nine years

old currently has five children she gave to other families. In addition, there is no bond with other family members, which means a lack of protection since the family, as Sarti (2007) reminds us, is defined by who can be counted on and who can be trusted. This is a central value in this social stratum, as the group appears as a source of support and help before social helplessness and the need for survival. As popular classes are abandoned and the targeted of repulsion and hatred by other social classes, marginalized individuals tend, often, to reproduce within their family this context of hatred and contempt, although this is their core of help (Souza, 2015). The bond in the family becomes compromised, and the weakest are the most affected.

The feeling of loneliness and the lack of existential perspectives were reported as not belonging and inadequacy and perceiving themselves as without a future. Some feel guilty about situations of material precariousness and social isolation. In the Brazilian case, all other classes look to distinguish themselves morally as superior concerning the popular classes and exploit their labor at low prices. For this unfair and unequal picture to remain, it is necessary to naturalize the differences, sustaining meritocratic ideas that suggest an individualization of failures. The ability to concentrate and planning for the future, for example, are aspects cultivated in the middle and upper classes, which is effective on the possibilities of success in the labor market (Souza, 2017). These differential facilities of the privileged classes are made invisible by the liberal vision of the dominant society in the current order, markedly in the notion of meritocracy. The combination of capitalism and slavery is a characteristic that marks Brazilian history, and that still stays to decide which are the unworthy lives (Safatle, 2020). The neoliberal ideals camouflage the historical and social genesis of these processes, and this depreciation is experienced by excluded subjects as if it were something of the individual order.

The stigmatization of poverty morally excludes the popular classes through a dehumanization that legitimizes the expression of contempt and justifies violence against this segment (Jodelet, 2011). Besides having a contemporary movement of strong individualization, each subject is compelled to search for individual solutions to socially produced issues (Bauman, 2001). The subjects of the abandoned and hated popular classes end up blaming themselves for their historically and socially cultivated destiny. One user said he uses crack on the days when guilt for past mistakes haunts him. Chemical dependency is a self-medication mechanism to deal with loneliness and the lack of future perspectives. The subjects who receive the degrading messages have few resources to challenge the humiliations, as they have few channels for expressing social suffering. In this way, they are captured by the identities in which they are inscribed as uselessness, vagabonds and threat to order (Delfin, Almeida & Imbrizi, 2017). The repeated messages of contempt that society addresses to the popular classes, articulated with contemporary individualizing perspectives, make the excluded people perceive themselves as disqualified and blame themselves for their deprivations. A movement that can also be caused by clinicians themselves when disregarding these issues.

A mistreated life can generate weaknesses and vulnerabilities. Some users also attended the city's psychosocial care network. They presented themselves through psychopathological diagnoses, and their speeches were fragmented and confused. Delusional experiences were narrated and seemed to connect with the social exclusion experienced, that is, social issues that are very present and generate effects on these subjectivities. For example, a frequent user on the on-call sessions who suffered abandonments and rejections throughout his life said that he was becoming a woman and

already had a prosperous farmer as a husband who gave him gifts and money. Assuming another identity seemed to be a resource for dealing with the emptiness of non-belonging. This user presented suicidal ideation, in addition to having reported episodes in which he attempted suicide, perhaps because of the perception of his own life as a succession of failures. A user, who introduced herself for diagnosed with severe depression, said she lost the joy she once felt and did not know when it happened. Therefore, these psychopathological symptoms that manifest themselves individually express social conditions related to the sum of different vulnerabilities. Fragile or absent social relationships, poor access to public policies, unemployment or low income, insufficient primary the individual subject as expressions of broader social issues. The fragility of family and social bonds, chemical dependency and mental health issues require readings that contextualize these manifestations in a social context of vulnerabilities resulting from class belonging and social and racial discrimination. The opposite would be the exercise of a normative/corrective clinic that, by disregarding these interferences, would seek the adjustment of living conditions are factors that reduce the possibilities of coping with risky situations (Romagnoli, 2015). Inadequate social protection can produce depression and psychosis, beyond being conditions related only to individual predispositions. In this sense, Sawaia (2011, p. 100) argues that "it is the individual who suffers; however, this suffering does not have its genesis in him, but in socially delineated intersubjectivities", an essential element to take into account in a clinic with people from lower classes.

The problematic use of alcohol and other drugs was a recurrent theme in the clinical space. Difficulties in bonding with the world of work and the deterioration of bonds were aspects experienced in the progressive installation of chemical dependency. Many users narrated, with great regret, the gradual loss of material goods and significant relationships with the progression of drug and alcohol use. A user with substance abuse problems said he had no responsibility for being able to keep a job. Users see the problematic use of drugs and alcohol as a moral problem and not a health issue. As a result, they judge themselves, lower themselves and perceive themselves as 'vagabonds' or irresponsible. The abusive use of drugs can be self-medication to deal with the suffered rejections and exclusions inscribed in the social dimension. Both as the structuring of life itself in a delusional reality as the alcohol and drug use are forms of escapism by subjects who see themselves as having no future or who experience a sense of meaninglessness arising from broken bonds (Souza, 2017).

Listening to people's suffering from popular classes meets the psychologist to think about the issues manifest inincapable and inadequate subjects, that is, the psychologist would reproduce the social disqualifications that mistreat the life potency of the popular classes (Huning & Guareschi, 2005).

The pain of being seen as inferior

In this category, users' experience of being seen as useless, less worthy or inferior are described. Several daily episodes were narrated in which they felt disqualified and despised when interacting with people from other social classes. Humiliation in public spaces and discrimination suffered or suffering before the feeling of being invisible produce dehumanization and reactions that range from internalizing a sense of inferiority to a diffuse feeling of hatred and revolt.

Users often reported suffering resulting from humiliation. In the relationship with people from other social classes or with State agents, such as police officers, the users of the support home experience symbolic violence practiced through a look that degrades and disqualifies. Being approached by police officers when walking on the streets is something that is experienced daily. For example, a user reported in the session that he was approached in a humiliating way by two police officers moments before on his way to the institution. He reported this episode very mobilized by a feeling of revolt and injustice and asked himself during the service, "Why didn't the police call me to a reserved place to ask for my documents?" Another user, who travels through several cities, reported that he asked a lady for money, and she yelled at him, saying, "Go to work, you 'bum'!" He shared that those words hurt him a lot, that it is better to get punched or beaten than to hear it. Social humiliation is part of a framework of inequality and social exclusion, generating anguish for the lack of power over one's life. Consequently, install up a lasting message of degrading, weakening autonomy and initiative. The poor, homeless, precarious employees are part of a segment that does not have the right to voice and does not have the right to expression (Delfin, et al., 2017).

The humiliations can be turned into self-loathing. One user said that she feels angry and disgusted with herself, "I shouldn't have been born, I'm ugly, and everything about me is wrong!". At a certain point during the service, she asked the on-duty psychologist if he thought someone who lives like a wanderer was ugly. Another user admitted to drug addiction clinics a few times said he no longer believed in his recovery because he felt like "a worm before society". Based on the exclusion/inclusion dialectic, the excluded subject becomes inscribed in the place of uselessness. This inclusion removes him from the possibilities of being recognized as someone worthy of contributing to the community and exercising social values considered positive. This condition generates subjective suffering that is a social suffering (Carreteiro, 2011). People in poverty are socially recognized through belittling and blaming. The progressive state and social disengagement in combating the deprivation of lives marked by precariousness are accompanied by an increase in the subject's responsibility for their condition (Moura et al., 2020). This process culminates in incorporating these neoliberal ideologies by the excluded subject himself, undermining his dignity and producing a deadly circuit of self-hatred.

Some users narrated episodes in which they felt invisible or disposable by society. For example, one user said that no one sees him, that everyone despises him and that he feels like 'crap'. It was possible to notice that being treated as an object and being dehumanizing, hopelessness and resentment for the lack of recognition progressively install. One user said he feels in his relationships with family members as a 'disposable cup, which everyone uses and throws away'. Another user, when asked by the on-call psychologist about a situation in which he made problematic alcohol use, said that this occurred after a niece called him a 'bum'. The research team reflected that chemical dependency could be installed after several experiences of humiliation, which deteriorate life forces, as one user emotionally reports, 'It's like the entire world is against me. These words tear us apart from the inside!'. He said that he would like to be a singer, but the negative look he has received several times produces a fragility, "I have hope in being a singer, but these words wipe out everything, destroy my hope!". Many of the sufferings reported are linked to the situation of the excluded classes, who receive contempt and discredit from society. These experiences increase the risks and reduce the protection of subjects, experiences that are related to the concept of ethical-political suffering, formulated by Sawaia (2011). It represents the pain of

being treated as worthless, inferior and useless by society, "it reveals the ethical tone of the daily experience of social inequality, the socially imposed denial to the possibilities of the majority to appropriate the material, cultural, and social production of their time, to move in the public space, and to express desire and affection (Sawaia, 2011, p. 106)." The loss of confidence in oneself as a powerful subject, who can contribute to social life, produces an individual delegitimation, an erasure of subjectivity forces, of his ability for reinvention.

In the clinical space, intensities of affections circulated that seem to have been cultivated by the repeated rejections and suffered undone. Both suicidal ideation and the desire to eliminate the other were experiences commonly narrated by subjects who felt degrading. For example, a user who was constantly on psychological on-duties said he wanted to be a serial killer to kill anyone who had harmed him. In the clinical space, he imagined killing a former boss who did not pay him what he owed and said, "See, you have a lot of goods, three farms, a lot of cars, and I don't have anything. You still wanted to lower my salary. And now, who's on top?" He said that he has already tried to commit suicide and that, at times, he still thinks about killing himself. Violence can be a response to the sense of meaninglessness produced by repeated disqualifications. It can reveal society's lack of commitment to the suffering of others (Sawaia, 2011).

Therefore, the lack of recognition and the degrading messages received by the excluded subjects set up suffering that deteriorates life forces and powers. The intertwining between subjectivity and citizenship shows that the ethical-political suffering of being seen as useless or without value reveals the social mechanisms of injustice, inequality and domination present in contemporaneity. These mechanisms are from social nature but are aimed at the subject, and they interfere with subjectivity, producing pain and suffering. The clinical listening of these subjects needs to be expanded with reflections on the division of society into social classes and the suffering resulting from social inequality.

Expanded clinical practices

Clinical practices with subjects from popular classes summoned the on-call psychologist to rethink the traditional clinic, expanding concepts and inventing new interventions. The idea of universal subjectivity and its disconnection from historical and social issues received in formal training in psychology, as associated only with individual and family aspects, is rethought and articulated with matters of power and class belonging. The on-duty staff looked to open themselves to contact with different forms of existence and subjective arrangements to establish a potentiating relationship to promote life forces. The insertion in the institution and the psychological on-call format demanded an opening to the unpredictable and the need to map the support and care network in the territory for possible referrals.

Listening to marginalized subjects broadens the psychologists' perspective and practice. In contact with users, the research team noticed that dividing society into classes and its great inequality was noticeably clear. The on-call staff was called to deal with issues not prescribed in the specialized literature on clinical practices, but that often appeared in the encounters with the user. For example, the importance of valuing the knowledge of popular classes. As they have less access to education, users shared many magical-religious explanations about the world. The on-duty staff sought not to impose a scientific view to some issues to disqualify these explanations.

Contact with peripheral populations highlights forcefully the role of social markers such as class, race and gender in the subjective production processes (Silva & Carvalhaes, 2016). The issue of class difference mobilized the on-call staff about the distance of worlds concerning the users, as pointed out by one on-duty psychologist:

> He reported several episodes of violence he suffered, such as seven shots he took and some stabs to the head by a machete. He showed me where the bullets entered and the machete marks. He even revealed that he didn't have one of his eyes. Then, he opened his eyelid and showed me the hollow hole where his left eye was. At this moment, I thought that my world and his were extremely far away because the experience of suffering such violence and an assassination attempt are unimaginable for me.

Regarding practices, it was necessary to map the care network in the territory. This aspect places the psychological on-call in institutions as a differentiated clinical practice concerning psychotherapy. For example, a user came to the on-call session significantly mobilized, saying that he was homeless. Besides the reception, the on-duty staff started mapping the possibilities for referral to shelters or other establishments where he could sleep. It is a clinic inserted in an institutional reality, which asks the on-call psychologist to develop a more comprehensive view of the community's care possibilities that the territory offers (Mahfoud, 2012).

The research team problematized the *setting* issue, which searched to open to listening possibilities outside the traditional clinical setting. Although there is room in the establishment for psychological on-calls, there were some situations in which the listening took place in the common patio where users have their meals, sometimes with the presence of other people. An on-duty psychologist wrote in his field diary: "Talking there among many people shows that our clinic does not have to be the clinic of secrecy or fixing someone, but it can be the clinic of meeting another world different from mine ". On-call staff needed to get rid of the protection of the treatment room, which can connote a consultation with a specialist, to launch themselves into the unexpected encounter with the otherness. The on-duty psychologist needs to live with this tension of the unexpected encounter in which the room is replaced by the therapist's own body (Lancetti, 2016). Another unforeseen situation happened when a user presented himself drunk for the on-duty session, as shown by the reflection of a psychologist:

> I saw he was drunk. I wondered if it would be productive, but we went into the room. He surprised me because even drunk, as he managed to make fascinating reflections. In fact, during the care, I realized that alcohol is his communication vehicle because when he's sober, he just keeps silent.

The clinical meetings were spaces used to narrate their history in a humanized way and seek recognition as subjects, unlike the demands around symptoms of the traditional procedural clinic. The team problematized during the supervision's meetings about the constant disqualifications that users receive from society. As a result, they highlighted the potent aspects, virtues, and strengths they perceived the users during interactions. Users seemed to feel more connected with the clinical space after interactions in which the on-duty staff validated some positive aspects and said they would like to return later. The clinical space was seen as a place of dignity rescue.

Psychological on-calls stood for a space of attention and affection for people with lives full of ruptures, abandonment and lack of meaning. Some users said that the only people they had any contact with were the on-call staff. Therefore, the clinic with socially excluded subjects is a territory of inclusion, becoming a relational and affective reference that strengthens the fabric of social bonds. One user said it was good to be there with us and

talk, as he felt very alone, and that was the moment he 'came out from the dark into the light'. Perhaps because of this cultivation of users' power, many returned to share achievements, such as not taking a psychotropic medication because the depressive symptoms cooled down or staying a period without compulsively consuming alcohol, for example. Just as social humiliation reverberates in the excluded subjectivity, recognition and appreciation can contribute to the subject producing other subjectivations beyond the identities of marginal or useless (Delfin, et al., 2017). The message received when feeling recognized can allow the construction of new self-perception forms closer to the idea of dignity.

At the meeting of the on-duty staff with excluded subjects circulated, besides weaknesses, life forces. A user who regularly attended the sessions said it was great to go there and let off steam, tell his stories. The psychologist who attended him thus reflected in his field diary: "I felt useful in being able to help someone who was so fragile and who was treated as an object in relationships. I feel that we are offering a world of affection and acceptance where he can rescue his humanity". The on-duty sessions were seen as a space for listening to the interdict and relief way. Users expressed that they felt free to talk about issues they could not say in other contexts.

This punctual care clinical listening challenged the staff to contact subjective urgencies, as many users were very mobilized with their sufferings. The intensity of the shared sufferings affected the psychologists' team. For example, a user struggling to deal with alcohol dependence came to the on-call session very mobilized, feeling shame and guilt about a relapse he had. At the time of the session, he was still under the influence of alcohol. Unlike procedural psychotherapy, this aspect characterizes and singularizes the psychological on-duties as a space for a psychological emergency. In psychotherapy, moments of mobilization can occur but less often. The psychological on-duty modality raises urgency and the unexpected calling on the clinician to elaborate and create unique interventions for a timely reception. (Scorsolini-Comin, 2015).

Being in contact with precarious lives brought some challenges for the psychologists' staff. A mistreated life produces fragmented subjectivities, trapped in reproductive circuits, generating uncomfortable reactions; as one psychologist wrote in his field diary, "I came away a little tired and bothered at witnessing someone so confused, but aware that it is part of our work to be with undefined and chaotic people." Another psychologist who heard a drunk user reflected, "This attendance for me was very complicated, the smell of alcohol was also making me nervous, and as he was very nervous, I was a little scared". Feelings of fear, tiredness and discomfort circulated in the on-call staff, even with the cultivation of an open attitude. The team reflected on the possibilities of supporting these affections to remain together with users, even if they were subjectively disorganized and fragmented. Lancetti (2016) points out the need for a willingness to care and never give up on mental health professionals. It would be a willingness to be in the care relationship "even knowing that a new disaster is about to happen: a new relapse, a new outbreak, the abandonment of one of the family members when the crazy person in the family starts to get better" (Lancetti, 2016, p. 106).

Betting on the encounter with the different, with other ways of putting himself in the world, without setting up hierarchies, may have enabled the circulation of life forces, of reflections on new subjective positions in the clinical space. Even if the public consisted of people in vulnerable conditions, the psychological on-duty represented a space where powers and forces could manifest themselves. For example, a user who reported his recent

experiences of problematic use of alcohol and *crack*, in addition to various conflicting relationships in which he was involved, at a particular moment of listening, started talking about his daughter with whom he has little contact and said, "How, in my life, have I been able to make something that beautiful?" Many users who reported their suffering said they do not lose hope in life. A user reported that she has been reading the Bible and attending various religious spaces such as spiritism centers, catholic prayer groups and evangelical churches. The project team realized that it was a way of searching for community life and improving as a person, searching for personal evolution. Other users used the clinical space to think about ways to improve their interpersonal relationships, reflecting on their attitudes that can bother significant people with whom they live. Paulon and Romagnoli (2018) reflect on the possibility that vulnerability can take power from good encounters, producing happy passions, new opportunities for subjective constructions, life-expansion movements.

In another listen, the on-call psychologist realized that the user longed to build knowledge for a more organized and stable life than he had before. A user aged eighteen reported several situations where his parents lost assets and opportunities due to alcoholism problems. Even with this heritage, the boy yearned to work, have his own home and have a more stable life. Many users who went to the on-call sessions see work as a possibility to achieve a more organized and productive life. Another user, who was homeless since he was a child and was in various shelters, reported that he currently no longer uses drugs. He became up evangelical and desired to give lectures for people to appreciate more what life offers. The on-duty psychologist was mobilized by this report, feeling admired for reframing the suffering that the user developed.

The research team sought to break away from guardianship, assistance, establishing meetings in which the knowledge of the popular classes is valued, confirming the unique ways in which they organize their lives (Paulon&Romagnoli, 2018). The belief that vulnerable subjects know how to take care of themselves has led to new ways and unprecedented forces. Users who returned to the on-call sessions gave some feedback on the contributions that the listening space provided. Some said that they felt relief, that it was great to share stories with trusted people. Some have mentioned that after going to these sessions, symptoms of anxiety and depression diminished. Some told the on-duty staff that has taken part in the sessions strengthened them in the face of the problematic use of alcohol and drugs, helping to reduce or stop using. A user who had a fragile social support network with few significant relationships said it was great to know the team cared about him. The bond with the on-duty staff represented a possibility of inclusion in a community, alleviating the sense of meaninglessness and uselessness that the user felt.

The clinic with excluded subjects demands an expansion concerning the theories and practices of the traditional clinic. The idea of universal subjectivity present in the specialized literature is insufficient to understand individual suffering as an expression of social inequalities. The on-call psychologists were called upon to build singular actions and clinical relationships that favor horizontalized encounters, recognition of popular knowledge, appreciation and admiration as a counterpoint to repeated humiliation.

Final considerations

The present work, the result of a research-intervention project in a support house, based on clinical interactions in the Psychological on-call modality, highlights the need to break the traditional split between subjectivity and society still present in psychology. It may

be that this split is not explicitly present in their theories and regulations. Still, this aspect can act subtly and is no less effective in clinical practices carried out with excluded people.

Disqualifications leave marks on subjectivity in a meritocratic and profoundly unequal society like the Brazilian one. Not being competent enough, not being a reasonable consumer, being unemployed, being crazy, or a drug addict are conditions that can send subjects to a marginal place. The performance society that claims that if everyone tried harder, they would be more successful brings a sense of constant inadequacy and self-loathing, even to the privileged classes (Bauman, 2001). Those who do not respond to the appeals of the consumer society come to represent worthless existences. The cared users represent the Brazilian scum or the infamous of history, subjects considered invisible, who attract hatred or contempt from society, whose suffering reveals our time (Lobo, 2015; Souza, 2017).

Therefore, in the clinical work with excluded subjects, there is a need to sustain the complexity present in suffering, pursuing their subjective issues and the social and historical production of their vulnerabilities that undoubtedly cross them subjectively. The expanded clinic must keep a relationship of intercession between subjectivity and society to contribute to more creative postures in the clinic, as reality itself has been demanding of us.

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