

# On the Mental Health Commons

## Brazilian Free Psychoanalytic Clinics and an Ethics of Togetherness

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**ABSTRACT** The political history of psychoanalysis is marked by a tension between a widely critiqued reproduction of alienation and the capacity to open radical spaces for rethinking subjectivity and practicing togetherness. This essay's research focuses on moments when fugitive free clinics are formed, functioning in friction with the psychoanalytic establishment, and centered on deindividuating and commoning practices in the clinical realm. In this essay, the authors follow free clinics in Brazil, from the 1970s to the present. These are marginal, open-border clinics. Developing a vocabulary to account for what the authors call "the mental health commons," they attend to scenes of fugitivity, to territorial listening, and to a creative "corruption" of psychoanalysis and its mainstream practices. Ultimately, what emerges is a set of autonomous, emancipatory free clinics, where creativity and the imagination are potent, and social symptoms turn into affective bonds, commonly unleashed.

**KEYWORDS** psychosocial studies, psychosocial ethnography, psychoanalysis, free clinics

"Don't agonize, organize."<sup>1</sup> Among activist groups and in certain sociological perspectives, what Eva Illouz calls "therapeutic cultures" are understood as individualizing ways of addressing collective questions and dampening political possibility.<sup>2</sup> Psychology as a discipline—and its cousins in what we will be calling the "psy disciplines" (psychiatry, psychoanalysis, and psychotherapy)—have not offered many fresh or radical alternatives. Instead, as has been noted for at least the last century or so, both as discourse and clinical practice, the field of *psy* has seemed to reflect the demands of a hegemonic status quo by engaging in a particular form of individualized social reproduction. In this sense, "therapeutic cultures" would be the antithesis of solidarity, proposing, in the terms of Italian feminist Lea Melandri, "personal modification" rather than "revolution."<sup>3</sup> Personal modification means being stuck with a notion of reality as a web of personal dreams and

projections-introjections, which leads us, in Melandri's sharp critique, to an "idealism" anchored in psy jargon, effacing material differences. This entails depoliticizing materiality and relationality.<sup>4</sup> What, then, would a revolutionary psy practice mean?

To engage this question, we observe that in the cracks of the landscape of psy care a fugitive web of autonomous free psychoanalytic clinics has emerged in Brazil, starting in the 1970s and gaining more consistency in recent years. By calling them "fugitive," we mean that these are clinics and projects not dependent on the mainstream structures of training and regulation in the field. What we wish to argue in this piece, while introducing readers to this potent movement, is that official psy historiography has discounted a realm of *commoning* in mental health care. The distinctive marker of mental health commoning, as we will show, is that the commoners—clinicians and patients—acknowledge and work with unconscious *fantasies* and their forces, while thinking about their collective organization and also about the social as a whole, in a manner that goes against the grain of institutional enclosures. In other words, this organization of the commons does not disavow the productive force of the unconscious while treating class, gender, and racial difference as its fertile ground. Commoning entails forms of conscious politics, collective strategies for constructing sharedness, and raising consciousness of the political importance of the commons. Existing perspectives on commoning take us a long way toward understanding the process of constructing a political space together and the ethics of relationality in acts of commoning. Our contribution here is to observe what happens when the commoners are able to mobilize their own and each other's fantasies while engaging one another.

In what follows, we propose a vocabulary for articulating the meaning of the mental health commons. Our focus is not on symptom-production but on the possibilities of listening made available by psychoanalysts working in autonomous collectives unseen in the Global North. We refer here to scenes of *fugitivity*, to *territorial listening*, and to a creative "*corruption*" of mainstream psychoanalysis. We understand fugitivity, in dialogue with Fred Moten, as a collection of desires that transgress the proper and the institutionalized and address themselves to a space "outside" the psychoanalytic status quo.<sup>5</sup> We follow "fugitive clinics" that have historically not been welcomed into the mainstream system of psychoanalytic training. We refer to "territorial listening" to describe a radical psychoanalytic practice that imagines itself as functioning within a community, occupying social, psychic, and geographical space alike, and that also draws the community into the act of listening. In other words, territorial listening pictures the community itself as a transformative agent in relation to psychic suffering.<sup>67</sup> As we will see, the territory is often a periphery. Our third term in this constellation, corruption, refers to our habit of paying attention to practices and forms of psychoanalytic knowledge that

are impure, and that have a strong tendency to multiply differences, including by valuing the many forms of knowledge of the periphery. As we will show, what emerges at the intersection of fugitivity, territorial listening, and the corruption of psychoanalysis is an anticolonial psychoanalytic praxis, uniquely able to address the violence of racism and suffering under the colonial order.

Drawing on ethnographic and archival research, we bring together contemporary voices from interviews with psychiatrists, researchers, psychoanalysts, and activists conducted in 2023, and historical voices such as that of Brazilian psychoanalyst Hélio Pellegrino. Pellegrino's is an important voice because he worked between psychoanalysis and Marxism during a challenging time of dictatorship in Brazil, maintaining a creative tension between materializing the commons and remaining curious about the force of the unconscious. Engaging with Elisabeth Roudinesco's question—can psychoanalysis survive in times of political unfreedom?—we show that in Brazil it not only has survived but in some instances has also created forms of thinking and practice that can contribute to a progressive “shaking up” of psychoanalysis and a broader reconsideration of the meaning of commoning.<sup>8</sup> Approaching our own historical moment, we show how contemporary collectives of psychoanalysts further the silent revolution of Brazilian psychoanalytic practice that started in the 1970s.

It is in the praxis of psychoanalysis, a discipline with its own complexities and paradoxes, that the possibility of *an encounter in difference* and a *togetherness of the order of the common rather than of identification* have emerged. Such findings have allowed us to approach the difficulties of solidarity by means of an ethics that takes as its point of departure the observation that “we are all in this together; but we are not One and the Same.”<sup>9</sup> In Brazil specifically, we will demonstrate, anticolonial praxis is at the heart of collective efforts to make novel uses of psychoanalysis, combining consciousness-raising and unconscious invention in the face of structural violence. Ultimately, the questions that interest us are: What does an anticolonial fantasy look like in psychoanalysis? How is it anchored in social and clinical practices? And to what types of mental health commoning does it contribute?

### **On the Margins**

It is not often that people associate psychoanalysis with the commons. Elizabeth Danto's widely read 2005 book, *Freud's Free Clinics*, first challenged the narrative according to which psychoanalysis is inherently elitism. Danto documented the vibrancy of spaces of care such as the Berlin Poliklinik, the Vienna Ambulatorium, and many other clinics in Europe and North America in the 1920s and 1930s, tracing Freud's sense of the social mission of psychoanalysis to the early days of the discipline. The book, translated into Brazilian Portuguese in 2019, resonated so strongly there that almost all interviewees from our recent fieldwork mentioned

it; many even brought a hard copy with them to their interviews, as a “boundary object” that was held, touched, or looked at during our meetings. It was as if we were not alone in the room but were always accompanied by the friendly ghosts of the radical psychoanalysts who came before us.<sup>10</sup>

Psychoanalysis, in this radical version of its history, is, from its very beginning, a marginal practice, a way of listening to the then marginal, silenced, and institutionalized voices of hysterical women in the late nineteenth century.<sup>11</sup> This practice, with roots in Jewish Vienna, rapidly spread to places where “scientific” medical discourses and technology reached stumbling blocks. Free treatments organized through a parallel economy of exchanged “analytic vouchers” (*Erlagschein*) that granted access to those with limited financial means, as well as a practice of listening to patients in asylums and public hospitals, are all traceable to the first decades of psychoanalysis. This curious piece of paper, the *Erlagschein*, was in wide circulation in psychoanalytic circles in the 1930s. A psychoanalyst could endorse a voucher to a free clinic, as a monthly financial contribution, giving a gift of time, a donation of treatment hours, which they would ordinarily be expected to provide in person.<sup>12</sup> One of the consequences of this system of vouchers, used by Freud himself, was that the social clinic was sustained by the psychoanalytic community in its entirety. It was as if the psychoanalytic community had printed its own money and organized its own alternative system of values and redistribution. These vouchers are early traces of commoning. Both analysts and trainees recognized early on that this alternative system of exchange increased access for patients but also allowed trainees a new route to training, changing the composition of the field profoundly.

Freud himself speaks of the social mission of the then novel practice in his 1918 Budapest Conference paper, shortly before the end of World War I, famously “foresee[ing] that at some time or other the conscience of society will awake and remind it that the poor man should have just as much right to assistance for his mind as he now has to the life-saving help offered by surgery.” In Freud’s utopia, “such treatments will be free” and analysts “shall then be faced by the task of adapting our technique to the new conditions,” mindful that “often, perhaps, we may only be able to achieve anything by combining mental assistance with some material support.”<sup>13</sup> Not long after this, analysts such as Otto Fenichel, and even the more famous Wilhelm Reich, who held firm and openly socialist positions, gained firsthand experience of transnational practice while working under difficult conditions. They responded with creativity both theoretically and in opening unconventional social clinics while anti-Semitism gained strength around them, before they were forced into exile. The Berlin Poliklinik and the Vienna Ambulatorium registered having offered treatment to about 1,500 patients in the period from 1920 to 1938, including around forty patients for free psychoanalytic treatment at any given time. While

in Latin America, Marie Langer, who first went to Uruguay and Argentina to escape Nazi persecution but then had to flee Argentina's military junta there, proposed a Marxist-feminist praxis of emancipation in analytic groups as early as the 1950s.<sup>14</sup>

To make sense of these early scenes of psychoanalytic practice, we turn to Fred Moten's idea of the "fugitive." For Moten, "Fugitivity . . . is a desire for and a spirit of escape and transgression of the proper and the proposed. It's a desire for the outside, for a playing or being outside, an outlaw edge proper to the now always already improper voice or instrument. This is to say that it moves outside the intentions of the one who speaks and writes, moving outside their own adherence to the law and to propriety."<sup>15</sup> In this sense, fugitivity is border-defying; it breaks through the institutional enclosures of the psychoanalytic status quo and its historical obsession with demarcating what is psychoanalysis or is not. The first "fugitive clinics" emerged precisely as the results of efforts to escape from a process of institutionalization, begun with the founding of the International Psychoanalytic Association (IPA) in 1910. Since then, an international system for regulating analytic practice and training has been operative, giving consistency to what Pellegrino, a medical doctor, psychoanalyst, and public left-wing intellectual, called "the psychoanalytic establishment." This establishment, he writes, guarded the "interests of the dominant classes," misunderstanding the psychoanalytic project altogether and responding with suspicion to psychoanalytic efforts to open a space in which the suffering of the poor, workers, and the marginalized could be heard.<sup>16</sup> Pellegrino himself was persecuted and expelled from the IPA in Rio de Janeiro in 1981. The institution, which thrived in the name of "political neutrality" during the decades of military dictatorship in Brazil, failed to act in the infamous case of an analyst who collaborated with the oppressive regime as a medical expert, in effect becoming an aid to state torture.<sup>17</sup> Pellegrino, who was already a "stone in their shoe," as the Brazilian saying goes, called out the violence of such a stance in public.

In our archival research,<sup>18</sup> we set out to follow in Pellegrino's footsteps and to reconstruct the constellation of commoning practices in which he participated. We found that Pellegrino, in collaboration with Katrin Kemper and a group of fourteen other analysts, created the experimental *Clínica Social do Rio de Janeiro* (Social Clinic in Rio de Janeiro) at the height of the Brazilian military dictatorship in the early 1970s. The clinic, which remained open until the 1990s, was the first fugitive free clinic in the country. Although psychoanalysis had been practiced by psychiatrists in some public hospitals since at least the 1920s, it was only with the Social Clinic that a critique of the violence perpetrated by the institutions of psychoanalysis as well as the state began to resonate.<sup>19</sup> Pellegrino was one of several analysts, artists, thinkers, and activists arrested, persecuted, tortured, or assassinated during those years in Brazil and in neighboring Argentina, as well as in Chile and Uruguay. The Social Clinic, within its first two months, saw over

five hundred people signed up for its waiting list.<sup>20</sup> One of the clinic's first projects involved work in the Morro dos Cabritos, a nearby favela with seventeen thousand residents at the time,<sup>21</sup> located only two blocks away from the clinic's spacious Copacabana address. The clinic also organized groups for children led by analysts who "were not analysts" but artists, educators, journalists, and "even an interior designer." Their efforts to *common* psychoanalysis led them to invent a type of psychoanalysis fit for Brazil.<sup>22</sup>

According to one interviewee who helped to set up the clinic in the 1970s, even early on, many patients signed up for a form of treatment that they could not usually access. The clinic was advertised in the local papers, summoning these new patients, and marking its existence publicly. The interviewee recalled that a sarcastic comment appeared in one of the newspapers of the time, "Psychoanalysis for the Price of Bananas," suggesting that something in the psychoanalytic experience had been devalued when it was made available outside the usual class and race boundaries that enclosed it. The colonial trope is striking: an experience that was meant to be the colonizer's privilege was surprisingly made available on the other side of the plantation, where the bananas pile up.<sup>23</sup> Across his writings, from published work to handwritten notes for lectures, Pellegrino stresses the problems involved in the mutually "exclusive relationship between psychoanalysis and the favelas," accusing psychoanalysts of perpetuating political and material violence with their "elitism."<sup>24</sup> He writes, "Não existe privilégio sem despossessão" (There is no privilege without dispossession).<sup>25</sup>

Due to the number of inquiries it received, the collective of the Social Clinic adopted the model of group psychoanalysis, where up to ten people could be seen at once. There was something profoundly important in this choice, beyond its status as a practical solution to the problem of patient demand; this choice allowed patients' suffering to be collectivized, putting a new structure—a commons—in between individual suffering and social violence. During the dictatorships in Brazil and Argentina, psychotherapeutic groups became one of the few forms of collective coming together allowed by the regimes. There is a nuance here that we would like to point out: While such groups were allowed by the regime for therapeutic purposes to operate on the basis of a medicalized and politically neutral premise, the event of a psychoanalytic group within the Social Clinic was in itself politically charged. In this sense, the therapeutic group became a fugitive means of articulating an otherwise damaged—or impossible—social bond.

The Social Clinic ran according to an economic model of "bank of hours"; each member of the collective of analysts donated a number of weekly hours that were then redistributed. At first, the majority of patients were low-income students and working-class adults and their children. "The poor," meaning 85 percent of the population who lived on less than two monthly minimum wages at

the time, as Pellegrino wrote in his personal notes,<sup>26</sup> did not come in the first instance, so the clinic “tried to go there,”<sup>27</sup> or traveled to them. Pellegrino writes in his notes toward a newspaper article from 1985: “The Social Clinic of Psychoanalysis began, over time, to rethink its work, and the idea of working with various groups, unions, neighborhood associations, teachers, etc., in a project of prevention or prophylaxis, emerged, although there are, in our country, psychotics not given any kind of care or simply confined in warehouse hospitals. Was everything that was thought and discussed during those [then twelve] years of our experience a utopia, a dream, a daydream? If the poor person did not come to the Clinic, the Clinic tried to go to them.”<sup>28</sup> An important aspect of these activities was a commitment to creating a clinic that was not a place of “charity” in which the wealthier analyst would expend some labor. Rather, Pellegrino wrote, “a social clinic of psychoanalysis, by the very nature of the science on which it is based, by serving the poor, will have to ask itself about the social and political reasons that make poverty an inevitable extension of capitalism.”<sup>29</sup> Politics were at the core of their efforts; they questioned what maintained the status quo and who paid the price for the colonial-capitalist social reproduction. Pellegrino dubbed this the “Oedipal pact and social pact,” as in the title of a newspaper article published at the mainstream *Folha de São Paulo* in 1983.<sup>30</sup> Here Pellegrino makes an important intervention into debates on then popular post-Freudian psychoanalytic discourses in the United Kingdom, North America, and beyond, which tended to subsume experience into internal fantasies. An exclusive focus on internal fantasies and the “inner world” can be depoliticizing, either by individualizing conflict and struggle and thus linking it to a singular “inner” constellation or by attributing it to the invisible powers of the “drives” and to the irresolvable tension between the life drive and the death drive. Both of these approaches make it difficult to account for structural violence.

Pellegrino instead socialized and deindividualized the symptom, arguing that under capitalism the basic social pact, by which each person renounces a part of their pleasure so as to fulfill to social obligations and work, is structurally corrupted. In exchange for this renunciation, the subject is offered the right to receive “a name, an affiliation, a place in the kinship structures, access to the symbolic order, in addition to everything else that allows [them] to develop and survive—to live.”<sup>31</sup> Through social inequality, this two-way pact is broken. Or, to put it differently, what is presented as a two-way system of rights and obligations functions in practice as a system for unilateral extraction. What is important here is that capitalism operates, according to Pellegrino, by maintaining a fantasy of symmetry while its asymmetries are in fact structural. In Pellegrino’s words, there is “luxo” and “lixo” (luxury and garbage).<sup>32</sup> The denial of such asymmetry resonated in the criticism of the Social Clinic by the establishment, which questioned constantly

whether the collective's work in groups or in the favelas could be called "real psychoanalysis" according to the IPA's internationally recognized standards.

Let us return to the movement of the psychoanalysts away from their headquarters and into the favelas. This move was chiefly motivated by their wish to politicize clinical practice and not remain content to treat only impoverished students. One participant remembers a scene upon their arrival at the *morro*.<sup>33</sup> In one interview, he tells us:

Look, we have a request here, we need stairs. Because this mud there—look, did you see how difficult it is to get up here if it rains? No one can get up here. Help us make a staircase. We said: We can help, but we don't know anything about that. We can help with some money, with a request on your behalf and such, because we are talking about another type of stairs, which are the ones that are there in people's minds, you know? [Stairs] that slip, we can't climb, for example. Tell me, so-and-so, what stairs could you have in your head?<sup>34</sup>

Stairs are polysemic. They are means of access, both material and symbolic.<sup>35</sup> In this encounter between the psychoanalysts of the Social Clinic and the dwellers of the *morro*, and through an act of listening, the stairs were not treated in a reductive manner. They were reduced neither to their symbolic dimension (i.e., mere signifiers appearing in the discourse of the subject, standing for some displaced desire) nor to their concrete material dimension (i.e., the material wish of a population "in need"). A space of fantasy emerged in between these dimensions, allowing further exploration and construction. The psychoanalysts realized the need to expand their listening and to adapt it to the struggles of the territory they found themselves in. The *morro*'s residents realized that they were saying and desiring more than what they initially thought. Importantly, the psychoanalysts did not come with a defined offer of care (or with charitable offer, or with something to teach or transmit); they instead took seriously the words and images authored by the residents themselves, suspecting that these words hold transformative powers.

This experiment with various forms of psychoanalytic listening went hand in hand with the creation of moments of togetherness for the collective of the Social Clinic and for the patients or groups being listened to. We know from our interviewee that the acknowledgment of the polysemic image of the "stairs"—with their connection to the day-to-day struggle of the poor and their way of marking the presence of social hierarchy—led to further productive engagements between psychoanalysts and the residents of the favela. The unspeakable became speakable. Difficult topics could be examined, such as the right to the city and, moreover, who could speak and under what conditions. This way of connecting materiality and the

conditions of possibility of accessing a symbolic space offers a powerful example of how “social” and “clinic” were articulated in this experiment.

We cannot lose sight of the fact that this happened in spite of the terror of a dictatorship that lasted until 1985. But the mental health commons emerging in one-on-one analysis or in group analysis, or in the groups around the clinic, was the result of efforts to bring about a future, and not only a response to the dictatorship. It is in this sense that the legacy of the Social Clinic is still living, as we will see in the next section. The memory of the Social Clinic was strong, and it contributed to the formation of the generations of psy clinicians that followed.

### **Commoning Care: Staying with the Unconscious**

These efforts, in political, philosophical, and psychoanalytic terms, escaped and exceeded a dialectical relationship to an Imaginary-Symbolic regime. To put it simply, they entailed invention and not only response. And it is in such moments of excess and invention that mental health *commoning* in the region continues to live. Moreover, it is in this excess, in this not-fitting or not-mirroring, that a transformation of the status quo comes into view outside the purview of the establishment. It is a commitment to “inventing new worlds” that persists and fuels the current vibrancy of contemporary free clinics in Brazil.<sup>36</sup>

Silvia Federici makes a related point:

What the commons in essence stands for is the recognition that life in a Hobbesian world, where one competes against all and prosperity is gained at the expense of others, is not worth living and is a sure recipe for defeat. This is the meaning and the strength of the many struggles that people are waging across the planet to oppose the expansion of capitalist relations, defend the existing commons, and rebuild the fabric of communities destroyed by years of neoliberal assault on the most basic means of our reproduction.<sup>37</sup>

In this sense, when we speak of the possibilities of a mental health commons, we position mental health within a biopsychosocial matrix that is not individualizing or alienating but rather is a matter of modes of living that exist and resist on the ground in scenes of fugitive practice. The mental health commons involves forms of care and treatment that are attentive to what the racial-patriarchal-extractivist-colonial-capitalist machine represses, denies, and forecloses in order to remain operative.<sup>38</sup> Forms of listening and care, therefore, are micropolitical matters—at once material and psychological, concerned with social (re)productions and subjectivities.<sup>39</sup>

In social and political theory, the commons is a name for shared resources that are managed, produced, and distributed through collective participation

and imagination in a way that evades the logic of both private-corporate and state-public property.<sup>40</sup> In the work of historian Peter Linebaugh, “common” is primarily a verb, a practice of commoning, rather than an allocation of resources or a set of static relations.<sup>41</sup> While there are accounts of commoning that are specific to a variety of social movements, from the Zapatistas to the Indignados and Occupy, the mental health commons remains unexplored.<sup>42</sup> The free clinics in Brazil are grounded in the common participation of all people, horizontality, pluralism, and openness, similar to other political commons.

What is the mental health commons as it takes shape in psychoanalytic free clinics? Mental health commoning is the work of actively weaving and sustaining communities of collaboration and action around psychic suffering and the unconscious. It implies resistance to the oppositions between mind and body and idealism and materialism.<sup>43</sup> The commoners of the free clinics include both clinicians and patients. These two kinds of commoners do not occupy the same position in the clinical space, but they are both involved in dehierarchizing the analytic relationship. The commoners manufacture and use resources and goods by collectively creating the rules for their production and improvising and revisiting these rules on an ongoing basis, in response to particular socio-ecological situations (such as the military dictatorship in Brazil, or the COVID-19 pandemic, to consider a more recent example).

We are dealing, then, with a kind of commoning that sees the unconscious, its formations and reverberations, as *productive*: productive of political organization and ways of relating, but also of impasses and forms of forgetting. The clinicians of the free clinic we are discussing shared the belief that by offering free or low-cost psychoanalysis, by sitting together in groups, or by walking into the favelas, they could get closer to this productivity of the unconscious; they could remove blockages, mend ruptures, reinstate the commons, and populate the world with new social relations. In other words, they could build stairs, from here to there.

We are also dealing with a kind of commoning that acknowledges that, sooner or later, the unconscious will produce symptoms, repressions, impasses. To traverse them, a collective method that is itself grounded in unconscious work is called for. Through this work, the collective can survive moments of ambivalence. That is, it can work for a possible future, without guarantees, without enclosures that promise an impasse-free life, made easy by institutional identification.

In the fugitive free clinics that came after the Social Clinic, psychoanalysts connected in alliances across ambivalence and not through harmonious identifications. Already in the Social Clinic, analysts belonged to different theoretical traditions—Freudian, Kleinian, and Lacanian—but they were willing to “loosen their object,” so that they could work together in a heterogeneous collective.<sup>44</sup>

Still today, the mental health commons operates in the “extended meanwhile,”<sup>45</sup> in the ordinariness of day-to-day work, in maintaining a space, in receiving the patients, in ongoing practices that repeat and sustain in order to produce new forms of living.<sup>46</sup> In this sense, they are “staying with trouble,” pointing to possibilities for solidarity that do not demand sweeping away, repressing, or denying differences.<sup>47</sup> In the Pellegrino archives, we found a limited-edition book with all the articles from a series of conferences organized by the Social Clinic on the theme of “Psychoanalysis and Politics.” The series brought together group analysts, sociologists, Lacanians, feminists, Jungians, Marxists, and psychiatrists. Such dialogues are still somewhat rare to this day.<sup>48</sup>

### **Crises, Critiques, Corruption, and Coloniality**

The arrival of psychoanalysis in Brazil and in Latin America carries with it the paradoxes of coloniality. On the one hand, the IPA would send approved training analysts, or those who ranked high enough to be able to teach others by being their personal analysts, to cities outside of Europe. This was a method not only for the expansion of the analytic enterprise but also for its survival, given the persecution of its many Jewish (and some leftist) members by fascist states in Germany, Austria, and Hungary. On the other hand, once the practice of psychoanalysis arrived overseas, it transformed in various ways.

In a moment of confrontation between conservative and progressive forces in 1981, Pellegrino and his colleague Eduardo Mascarenhas were expelled from the Sociedade Psicanalítica do Rio de Janeiro (SPRJ) for criticizing those they called “the barons of psychoanalysis.” This led to a public clash, dividing the field along political lines.<sup>49</sup> In keeping with the complexities of Brazil’s postcolonial condition, psychoanalysis has always been plural, and it has been in a state of constant “corruption.” By corruption, we mean, with Moten and Stefano Harney, “the impairment of purity,” a characteristic that we have been able to observe in the historical and contemporary fields of our investigation.<sup>50</sup> Moten and Harney underscore the double-edged nature of corruption, which is, on the one hand, a force of repetition and, on the other, a way of creating difference. They write: “The paradox of political corruption is that it is the modality through which brutal institutionality is maintained. The paradox of biosocial corruption is that it constitutes the militant preservation of a general, generative capacity to differ and diffuse.”<sup>51</sup> In the case of free psychoanalytic clinics, very few of those we observed function within mainstream institutional life. We thus see an openness to collectivity and an interest in being in an autonomous group as a pillar of this movement. This version of corruption, for Denise Ferreira da Silva, involves “becoming implicated in the constitution of everything.”<sup>52</sup> In this sense, it was not sufficient to “just” create something like the Social Clinic; it was also important to speak out against the “perversion” of

the establishment, its betrayal of Freud's ideas, as Pellegrino puts it.<sup>53</sup> Commoning thus also implies an intervention in discourse, one that opens space for new actors to emerge in the field of psy praxis.

Psychoanalysis, though marginal to biomedicine then and now and, as Edward Said writes, “non-European” in its own way, arrived in Latin America under the umbrella of a European clinical discourse.<sup>54</sup> Not surprisingly, it gained traction among the region's (mostly white) elites. Yet it was soon incorporated into local intellectual and political activity and transformed into a tool for thinking about coloniality, racism, patriarchy, and inequalities, at times ahead of similar conversations in the Global North. Lélia Gonzales, a Black feminist intellectual and activist, delivered her influential paper “Racism and Sexism in Brazilian Culture” at a series of talks organized by the Social Clinic, presenting it on October 22, 1980, at Pontifícia Universidade Católica do Rio de Janeiro. In it, Gonzales famously writes that now “o lixo vai falar, e numa boa” (garbage will speak, so it will) against the racist neurosis of Brazil.<sup>55</sup>

We observed in our fieldwork that the presence of some “fissures” allowed a transformed and politically implicated praxis to emerge. Such a praxis was not supported by institutional or officially regulated versions of psychoanalysis. This, as we argue, is a characteristic of a mental health commoning: its unfinishedness and its operation within the fissures of mainstream practice. In this sense, it is obvious that in the psy field in Brazil, contradictions and coloniality still live on. At the same time that some contemporary free clinics are organized in order to offer spaces for a collective understanding of racist violence—for example, the important collective Margens Clínicas and the pioneer AMMA Institute of Psyche and Blackness, in São Paulo—there is an impulse to move beyond what has already found its way into the canon of classic psychoanalytic texts.

One interviewee with an active clinical and research practice recalls a conversation with another colleague:

I have colleagues who are very implicated in this type of [free clinical] work, but who still come up with some sentences that I get really curious about. Such as, “Oh, I went to this Indigenous community to spend some time there and spoke to such and such a person, and they explained to me how things worked over there.” And this is someone wanting to listen to the other. Then this colleague said, “This person told me all these things, and I thought, oh wow, this is profoundly Freudian.” And I was like, “Oh, you went there to listen to this other and all you could hear was Freud? You only heard Freud, right?” I think that these kinds of things are important. They represent a certain psychoanalytic posture that I see a lot of: “Let's listen to the other,” but then they come back and want to fit it into whatever Freud or Lacan said. To me this seems a little colonizing.<sup>56</sup>

In this excerpt, our interviewee is telling the story of a false dislocation and of a failure to listen: a colleague of his has gone to the Indigenous territories only to rediscover what he knew already—the echoes of foundational psychoanalytic texts and the voice of Sigmund Freud. These “travels” of the Freudian text from Europe into the depths of Brazil may indeed be read as colonizing. Yet, in the field and in various free clinics, novel practices are emerging, in which the psychoanalytic discourse is treated as porous, flexible, and able to learn from other discourses rather than defensive of pregiven knowledge about unconscious formations. In 2016, for instance, a group of analysts from São Paulo traveled almost three thousand kilometers to the town of Altamira, in the northern region of Pará, after an environmental disaster devastated the local population following the construction of a hydroelectric dam over the previous five years. The number of displaced and dispossessed people reached twenty thousand; many of them were *ribeirinhos*, a traditional riverine people from the Pan-Amazon region. In touch with the federal government, local community leadership, and parallel organizations such as Doctors without Borders, the group, which included some star analysts, developed what they called a Clinic of Care. Facing a population of “fishermen without a river,”<sup>57</sup> who were suffering the loss of their homes, fatigue, illness, and a huge spike in drug and alcohol consumption, the group of analysts concluded:

To work with this community of residents without a neighborhood, families without neighbors, and fishermen without a river, we invented the Clinic of Care strategy. A clinical means of paying attention to psychic suffering, based on the care for this population in a state of severe social vulnerability, linked to an experience of the territory. A care model for addressing psychic suffering that includes practices of open-ended care, in the territory, and respects their particularities.<sup>58</sup>

Such territorial listening, “escuta territorial,”<sup>59</sup> is essential to any effort to common or to “compose in difference,” as one interviewee who is active in antiracist free clinics stresses. In the example above, the racial, class, and regional political differences between the group of analysts and the patients is significant, as it often still is in Brazil and elsewhere. Engaging with a territory, then, means remaining open to complexity and paradox. Brazilian geographer Milton Santos teaches us about the links between such an understanding of territory and the possibilities of solidarity when he writes:

We live with a notion of territory inherited from modernity, with its legacy of pure concepts, which so often persist for centuries, practically untouched. It is the use of the territory, and not the territory itself, that makes it the object of social analysis. It is an impure form, a hybrid notion that, for that very reason, calls for constant historical revision. What

is permanent about it is that it is our framework for life. Its understanding is, therefore, fundamental to avoid the risk of alienation, the risk of losing the meaning of individual and collective existence, the risk of renouncing the future.<sup>60</sup>

As Federici astutely notes, “We should not presume that in a world governed by capitalist relations commons can escape all contamination. But they remind us that commons exist in a field of antagonistic social relations and can easily become means of accommodation to the status quo.”<sup>61</sup> In this sense, when psychoanalysts act “in solidarity” instead of “in alienation,” what they offer is a form of witnessing, a “corruptive” listening that engenders further articulations of what does not fit, not even in Freud’s texts, but bears the unconscious dimension in its polyvocality.

We can outline a conceptual map for thinking through such efforts of solidarity and commoning. Fugitivity is the orientation to the outside in psychoanalytic praxis. Territorial listening points to the orientation of this praxis to the community and its commitment to involving the community in addressing suffering. Here attention to peripheral forms of life is crucial. Corruption is the tendency of the praxis to pluralize itself, including by maintaining an interest in the knowledges that emanate from the periphery. We argue that, first, a collective, defecting from the mainstream, becomes fugitive. Then, the collective approaches the territory (a psychosocial-geographic formation) by listening while they also enrich their own listening by engaging with the territory. Then, as the territory comes to inform psychoanalytic praxis, the commoners in this collective learn to bear and even to enhance the corruption of the mainstream, and a new alternative and inherently radical psychoanalysis emerges.

### **Waves and Webs**

In our fieldwork, we spoke to practicing analysts and scholars who had studied and trained as clinicians across several decades, members of different generations connected through an undercommon web of fugitive praxis. What is apparent is that radical figures act not as masters but as vectors, allowing a certain type of corrupted, disobedient, or subversive psychoanalysis to live on.<sup>62</sup> In a sense, there are gestures of solidarity that cross generations, challenge gatekeeping practices, and unfold in the field, becoming ever more plural. In the words of one interviewee active in free clinics, the experience is that of being part of a collective, transgenerational wave: “I’m someone with a surfboard in the middle of a huge wave of a lot of people that came before me.”

An analyst who graduated in the late 1970s at Pontifícia Universidade Católica, where the Social Clinic conferences gathered analysts of various orientations and from various groups, recalls that the university student movement was still orga-

nized within the institution at the time, being one of the last student movement cells officially standing under the dictatorship. At the time, as the analyst recalled,

Pellegrino was a very important exponent out of a classic view of psychoanalysis. I had the privilege of living through the 1970s and 1980s at the height of these debates. To rid psychoanalysis of this reductionist dust of a clinic of interiority, to think about the production of the subject. For me, Hélio Pellegrino is fundamental because he was one of the first psychoanalysts of my generation, masters of my contemporaries, who opened up space to think about a greater struggle for existence.<sup>63</sup>

Psychoanalysts, then, acted on the micropolitical level, in alliances that were extrainstitutional but that tapped into a collective “struggle for existence.” Some partial alliances with institutions such as universities or formal psychoanalytical societies were possible, but mostly there was friction with the establishment. Strategies of corruption have been exercised, for instance, within Black antiracist activism. A younger analyst stresses: “These experiences that I am part of today, both in research and in clinical practice, are the result of movements that came over the course of a few centuries but that, in recent decades, have gained a lot of strength within psychology and psychoanalysis. But they come from a series of disobediences that were insisting that psychoanalysis should listen.”<sup>64</sup> One of these “disobediences,” discreet yet potent, extends the training requirement of clinical supervision. Often an expensive aspect of training, this exchange with a more experienced clinician is a space where one learns how to become an analyst ethically. Our interviewee recalls a supervision in the early 2000s:

[Psychoanalyst] Isildinha Baptista Nogueira was my supervisor for many years. I met Isildinha at a preparatory event for the first PSINEP, which was the first congress of Black researchers and psychologists. Isildinha was part of a panel, and when she finished . . . I already knew her thesis, it was one of the things I used as a resource for my dissertation. That was the first time I saw her in person and when she left the stage, I went up to her, said “Excuse me,” and poked her. She was very welcoming, gave me her phone number, and said, “Come find me in my consulting room.” I went to her office, and she offered me free supervision. She trained me as a clinician in these supervisory spaces for many years. And she said that a number of people did that for her in France, including some white people. And she did the same, then, very generously. Did it for me, did it to me, and for the field.<sup>65</sup>

Doing it “for the field” is, then, an effort in solidarity that, as this vignette tells us, entails a different economy for the transmission of knowledge, an alternative to privatizing accumulation. This alternative logic threatened the power of the IPA in

Brazil when theoretical critique arrived in the public university in the 1980s, after the dictatorship. Another interviewee recalls this period of redemocratization nationally:

Certainly, this rebellion and this freedom are contributing factors, which will add to this whole leftist movement and with the entry of Lacan and Foucault into the universities. We had [philosopher] Roberto Machado, who was setting up discussion groups on power and control, on psychiatric power. Roberto Machado came back from France, and he and Foucault became close friends. Foucault had a Brazilian boyfriend and came regularly to Brazil, to Rio de Janeiro. With all this, an extremely Foucauldian environment of debate was created. I would say that this movement was fermenting and people from Ibrapsi [Instituto Brasileiro de Psicanálise] brought Franco Basaglia here, brought several intellectuals associated with antipsychiatry. There was an event here in the 1970s that was quite explosive and had important effects.<sup>66</sup>

The event was a 1979 meeting of the Movement of Workers in Mental Health (Movimento dos Trabalhadores em Saúde Mental, or MTSM), with a guest list that included Robert Castel, Félix Guattari, R. D. Laing, David Cooper, and Thomas Szasz. Gatherings like this were among the many achievements of the mental health workers (several of whom were also psychoanalysts) in their efforts to create psychiatric reform in Brazil, where, until the late 1980s institutions such as the Barbacena Asylum — where around sixty thousand patients were left to die — were still violently operating.<sup>67</sup> Radical theory brings about a change in the field of psy that reverberates in what we can observe in contemporary free clinics. In the context of psychiatric reform and redemocratization,

people left the IPA societies of psychoanalysis and went to universities. In the '80s, in my generation, we didn't train in these societies. That was silly. That was almost cowardly. Each person had to take responsibility for their analytical process, look for their analyst, look for their supervisor and do theoretical training at the university. The IPA societies were very suspicious of theory, they thought that it hindered the clinical technique, that it created an intellectualism that hindered the analytical process. So everyone who studied was seen with a certain distrust by the IPA. One couldn't study too much . . . because that would interfere in the analytic "setting," right? [*Laughs.*] In the '80s, things change completely. It turns out that the younger generation breaks with the IPA. Everyone goes to universities, starts to get postgraduate degrees in psychoanalytic theory, in clinical psychology, which here means nothing other than psychoanalysis, and they empty out these IPA societies. When we see these new forms of care in the free clinics on the streets, this is something incredible, very cool. . . . It is completely new, but I think there is a path that allows [the clinic] to be reinvented in some way.<sup>68</sup>

To summarize, what we observed is that a central element of commoning has been the creation of new conditions of possibility for the field of psy and for society at large. With the earlier 1970s disruptions of the psychoanalytic establishment and the consequent challenge to political neutrality in mental health care, a whole generation of students and clinicians in training was able to tap into the landscape of a “psychoanalysis à la Brazil.”<sup>69</sup> More recently, a network of scholars, analysts, and activists has emerged, forming the basis for an understanding of what analytic transference and the ethics of psy encounter might be in the Global South.<sup>70</sup>

### **Contemporary Free Clinics: Corrupting Psychoanalysis**

In the last decade, a number of autonomous free clinics have emerged in Brazil. Several groups of mostly younger analysts have started offering sessions for free (or for low fees) on the street or in unorthodox community centers, addressing, at times, particular forms of suffering that relate to patriarchal, racist, and capitalist state violence in more general terms. Some of these analysts, working in what we know to be more than ninety collectives spread across various regions, trace their activities to the police violence and home expropriation associated with the World Cup in 2014 and the Rio Olympics in 2016. Others trace their activities to the growing fascism that peaked with the election of former far-right president Jair Bolsonaro in 2018. Another emphasis shared by several of our interviewees, especially those in contact with education and research institutions, is that such efforts are linked to the affirmative policies of access to public universities for Black, Indigenous, and poorer students—a reparative access measure started in 2012 and guaranteeing 50 percent of places to be for students of these groups. Studied at the university in psychology programs, psychoanalysis, then, according to our interviewees, allowed for a renewed questioning of its alliances with what Pellegrino had dubbed “the establishment.”

The landscape of such clinics challenges the image of a praxis restricted to a bourgeois clientele. Instead we find a beach chair, the open air. No money. Or a collective pot of money. Patients meeting a different analyst each time. Sessions in the location where racist police violence happened. Intervision instead of clinical supervision.<sup>71</sup> Across all such settings and endeavors, “the frame” is recast radically. What holds space is not a couch, not walls, not money, and, as we have seen with some groups, not even a regular one-on-one appointment.

The form of togetherness practiced in the emergent free clinics responds to an affective ethics that resonates with the fugitive practice of commoning: confronting suffering, death, and violence—a mental health commons. It does not prescribe or teach patients how to live. It allows for encounters, there and then, in their singularity and with the aim of always politicizing. Without attempting to totalize care, to provide a one-size-fits-all model, or, in some cases, to last for many years, these collectives, in their plurality and differences, offer a space where listening, witnessing,

and working through, in addition to creative forms of resisting, surviving, and living, pulsate. Here it is not the analyst or the collective that give or teach life; rather, analysts are just interested in listening and witnessing the various forms of nonalienated living that keep women, trans, Black, Indigenous, poor, and peripheral people on the margins, not necessarily interested in the dominant establishment's way of life. Instead of a "frame" in the classic psychoanalytic sense, what we observe is the plasticity of a clinical apparatus that is attuned to the territory, its reproduction, and the possibilities of escape. These free clinics, in their own way, reinvent psychoanalysis by reinserting it into the materiality of a world of differences.

Much has been inherited from anticolonial and antiracist activism by the new generation of psy practitioners. Consider the practice of "aquilombamento," for instance, as noted by Kwame Yonatan, a key actor in the group Margens Clínicas and beyond, in São Paulo.<sup>72</sup> Historically, enslaved Black Brazilians formed *quilombos* as spaces of fugitive freedom where collectivity, Afro-Brazilian cosmivision, and the land have been on the side of life.<sup>73</sup> Founding an open clinical space for learning and exchange with the project Aquilombamento nas Margens in 2019, Kwame writes that "quilombos were the first territories of freedom. In this sense, [the project's aim] as a clinical apparatus is to invent of lines of flight, exits from colonization."<sup>74</sup> This project is one among many initiatives that promote the open formation of collectives.

Challenging the unaffordable type of training promoted not just by IPA-connected schools but also by Lacanian and independent centers, psychoanalytic training through "intervision" rather than "supervision" is promoted by many of the free clinic collectives. In this sense, we are witnessing not just an expansion of clinical services offered to communities that have been marginalized but also a practice of inviting patients themselves to elaborate, through the use of psychoanalytic tools, the conditions of subjectivity, structural violence, and differences. The collective Psicanálise Periférica, also from São Paulo, for example offers a low-cost, two-year-long training course in "analytic territorial listening." The collective puts it well: "This is an invitation for the community not just to participate in the clinic, but also to witness our learning, our formation, and our transformation as agents who listen to psychic suffering while we are informed by psychoanalysis and, importantly, the critiques of knowledge coming from peripheral people."<sup>75</sup> Gates have been opened, and in psychoanalysis as practiced in these free clinics in Brazil, the very field of mental health reinvents itself via acts of commoning, fugitivity, territorial listening, and creative "corruption."

### **From Critical to Clinical**

In what we have gathered in our research, and in contrast to what we find in hegemonic clinical praxes, it is clear that what grounds the vibrant movement of free clinics in Brazil is not just any kind of psychoanalysis, but more specifically

a psychoanalysis that seeks “to articulate in all of its activities the dynamics of unconscious desire and of processes in the social structure,” as the late psychoanalyst Gregório Barenblitt put it in his speech at the Social Clinic event in 1980.<sup>76</sup> What resonates with us here is the political potency of such clinical encounters and how they have been challenging and reinventing both what is understood as psychoanalysis and as the act of commoning. In doing so, they offer insight into the difficulties, possibilities, and ethics of solidarity. As Suely Rolnik astutely reminds us, tracing this insight back to Freud, the psychoanalytic apparatus constitutes, in principle, a ritual-territory of relational experimentation that enables unobstructed access to affections. It evaluates collective affections, allowing us to produce ideas about their causes. In this process, the subject can construct a place less subjected to the captivity of neurosis.<sup>77</sup>

What free clinics in Brazil have been articulating, however, is not merely the possibility of a less symptomatic access to one’s desire. This does not always involve challenging reproduction of sociopolitical alienation, and it is, in a sense, just scratching the surface of societal violence. Rather, as one interviewee succinctly puts it when taking the clinic to the street, “the issue is not just about the location, the matter for us is the ability to compose in difference. This has to do with a theoretical perspective of making common-in-difference.” In this way, exercises in territorial listening demand a reinvention of their own means as “effects of the collective assemblages of enunciation that emerge in the encounter.”<sup>78</sup> In these instances, the clinicians, collectively articulated in a free clinical collective, are able to think the clinical and the political in the same thought. In so doing, they become the agents of a creative disturbance in the house of the psy disciplines, and they move beyond personal modification into the realm of revolutionary practices.

Recalling the mass movement of taking to the street to talk to people about voting the now former far-right Bolsonaro out of the presidency in 2022, one interviewee connects the space of the clinics with the streets where they operate, arguing that psychoanalytic movements in Brazil have become revolutionary movements. Our participant tells us: “We need to return to the public square and to open ourselves to speaking to others. Going to the public square is a listening process of that which is an excess, a waste, in society, it is the othered. . . . I think that our society needs to learn to listen, to be available, to dismantle all these settings, not only psychoanalytic settings. . . . It is not only therapeutic, it is political.”<sup>79</sup> In the clinical experiences we have recovered historically and witnessed in the present, our colleagues and comrades work with marginalized patients and groups, while remaining willing to redesign the *psychoanalytic way* of working with the unconscious.<sup>80</sup> Changes in the psychoanalytic apparatus take place alongside the revival of a utopian question: What can a less alienated society look like? And they open onto another question, one that is perhaps more specific, in keeping with the spirit

of the mental health commons: What can a less alienated society look like if we involve fantasy, and the unconscious, in society's refashioning? This question is not answered in the free clinics in a univocal or settled way. As we have shown, these unfinished projects, with their emphasis on the processual and the open-ended, challenge universalist, one-size-fits-all solutions. They are situated projects, make-shift, inventive, plastic in their precarity. What we learn from them is that solidarity is not static but fugitive.

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#### Notes

1. A 1970s motto attributed to the US Black feminist civil rights activist Florynce Rae Kennedy (Busby, "Florynce Kennedy"). See also Braidotti, "Don't Agonize."
2. Illouz, *Saving the Modern Soul*, 149.

3. Melandri, *L'infamia originaria*, 130, 132. Unless otherwise indicated, all translations are our own.
4. Melandri, *L'infamia originaria*, 27.
5. Moten, *Stolen Life*, 131.
6. Estivalet Broide, *Desejos e poderes urbanos*, 27; Broide, *A escuta nas ruas*, 133.
7. Broide, *A escuta nas ruas*, 133.
8. Roudinesco, "State of Psychoanalysis."
9. Braidotti, "'We' Are in *This* Together," 465.
10. Star and Griesemer, "Institutional Ecology."
11. Gabarron-Garcia, *Histoire populaire de la psychanalyse*; Gaztambide, *People's History of Psychoanalysis*.
12. Danto, *Freud's Free Clinics*, 1.
13. Freud, "Lines of Advance," 166.
14. Plotkin, *Freud in the Pampas*, 64; Ryan, *Class and Psychoanalysis*, 61–63.
15. Moten, *Stolen Life*, 131.
16. Pellegrino, "Ontem."
17. Oliveira, "Sob o discurso"; Lima, "A psicanálise."
18. We were fortunate to have access to the Hélio Pellegrino archives, composed of letters, published and unpublished writings, and personal notes, located at the Archives of the Fundação Casa de Rui Barbosa, a public institution in Rio de Janeiro. We are grateful to Dr Larissa Leão de Castro and Antonia Pellegrino, as well as the staff at the archives for their support of our research. We also had access to the private archives and library of the Círculo Psicanalítico do Rio de Janeiro and are grateful for their support of our research.
19. Oliveira, "Os primeiros tempos."
20. Pellegrino, "História para debate," 4. One early member of the clinic noted that the number rose to seven hundred by the third month (research participant interview, April 2023, by Raluca Soreanu and Ana Minozzo).
21. Favelas in Brazil are urban slums, or impoverished and mostly densely populated and unplanned zones within cities. Recently, many activists have preferred to use the term *comunidade* (community) to refer to such areas, in order to emphasize their collective cultural strengths.
22. Pellegrino, "História para debate," 5–7.
23. It is interesting to note how the theme of "bananas" reappears in the psychoanalytic milieu in the mid-1980s, in a Lacanian congress in Rio de Janeiro that led to a split with European representatives. The event became known as the Congress of Bananas of 1985. See Neto, *Do Congresso Psicanalítico da Banana*.
24. Pellegrino, "As relações de exclusão," 1, 12.
25. Pellegrino, "Psicanálise e elitismo," 1.
26. Pellegrino, "Experiência pioneira," 1.
27. Pellegrino, "História para debate," 4.
28. Pellegrino, "História para debate," 4.
29. Pellegrino, "Ontem," 3.
30. Pellegrino, "Oedipal Pact."
31. Pellegrino, "Oedipal Pact," 286.
32. Pellegrino, "História para debate," 1.

33. *Morro* means, literally, “hill.” However, in Rio de Janeiro specifically, with its hilly geography, the majority of favelas were built on hills, and *morro* became a metonym for segregated poor urban areas.
34. Research participant interview.
35. Pellegrino, “História para debate.”
36. Besoain, “Colectivizar, desestabilizar, testimoniar.”
37. Federici, *Re-enchanting the World*, 1.
38. Poli dos Santos, *Por um fio*; Faustino, *Frantz Fanon*.
39. Rolnik, “As aranhas”; Guattari, *Three Ecologies*.
40. Ostrom, *Governing the Commons*; Hardt and Negri, *Declaration*; Benkler and Nissenbaum, “Commons-Based Peer Production.”
41. Linebaugh, *Magna Carta Manifesto*.
42. Hage, “Critical Anthropological Thought”; Lorey, “2011 Occupy Movements”; Graeber, *Democracy Project*.
43. Miñoso, “Why We Need Decolonial Feminism.”
44. Berlant, *On the Inconvenience*, 12.
45. Berlant, *On the Inconvenience*, 19.
46. Soreanu and Minozzo, “Manifesto for Infrastructural Thinking.”
47. Haraway, *Staying with the Trouble*.
48. Almeida, *Simpósio psicanálise e política*.
49. Pellegrino, “Crise SPRJ.”
50. Moten and Harney, *All Incomplete*, 160.
51. Moten and Harney, *All Incomplete*, 160.
52. Ferreira da Silva, foreword, 7.
53. Pellegrino, “Psicanálise e elitismo,” 3.
54. Plotkin and Honorato, *Estimado Doctor Freud*; Said, *Freud and the Non-European*, 10, 24.
55. Gonzales, “Racismo e sexismo,” 158.
56. Research participant interview.
57. Katz, “A clínica do cuidado,” 27.
58. Katz, “A clínica do cuidado,” 30.
59. Broide, *A escuta nas ruas*, 147.
60. Santos, “O retorno do território,” 255.
61. Federici, *Re-enchanting the World*, 7.
62. Cusicanqui, *A Ch'ixi World Is Possible*.
63. Research participant interview.
64. Research participant interview.
65. Research participant interview.
66. Research participant interview. According to this interviewee, and as registered in an internal bulletin of the Social Clinic from August 1979, Foucault visited the Social Clinic during its first years of activity (Clínica Social de Psicanálise. *Boletim informativo II*).
67. Amarante and Nunes, “A reforma psiquiátrica.”
68. Research participant interview.
69. Pellegrino, “História para debate,” 5–7.
70. Guerra, *Sujeito suposto suspeito*.
71. Intervision is an arrangement of case discussion where each of the clinicians take turns in offering clinical insights to the others during clinical case presentations. It is a “horizontal”

form of supervision instead of the more traditional version, where the exchange is usually between a more experienced analyst who gives supervision and a less experienced one who receives it.

72. Poli dos Santos, *Por um fio*, 144.
73. Bispo dos Santos, *Colonização*.
74. Poi dos Santos, *Por um fio*, 148.
75. Psicanálise Periférica “‘Transformação Para Uma Escuta Analítica Territorial.’”
76. Baremlitt, “O Ensino,” 101.
77. Rolnik, “As aranhas,” 318.
78. Rolnik, “As aranhas,” 327.
79. Research participant interview.
80. Rolnik, “As aranhas,” 326.

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