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Psychoanalysis and the Homeless Population: An Exploratory Study of Brazilian Experiences

Psicanálise e População em Situação de Rua: Pesquisa Exploratória sobre Experiências Brasileiras

Psicoanálisis y Población en Situación de Calle: Investigación Exploratoria sobre Experiencias Brasileñas

Psychanalyse et Population en Situation de Rue : Recherche Exploratoire sur les Experiences Bresiliennes

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Abstract

Building on the recognition that psychoanalysis has played a pioneering role in psychosocial interventions within contexts of sociopolitical vulnerability in Brazil, and on the understanding that this theoretical framework underpins the practice of many professionals in the public health and social assistance systems, this study aimed to investigate what psychoanalysts do when working with people experiencing homelessness. An exploratory qualitative study was conducted based on interviews with six psychoanalysts and university professors who currently provide or have previously provided care to people experiencing homelessness through extension or research projects in public and/or private higher education institutions or social organizations. The findings indicate that the clinical dispositif developed in street settings does not represent a mere transposition of the classical analytic setting. Instead, street-based care emerges from urgent demands and from the analyst's offer of listening within the territory. Despite the need to reinvent certain techniques in response to the specificities of this population, participants identified the ethics of desire as the only psychoanalytic principle that must remain unchanged. In addition, the study identified a political dimension in psychoanalysts' work, oriented toward the protection and promotion of human rights within institutional contexts, extending beyond a purely clinical role. It is therefore concluded that psychoanalysis in street contexts is not only a wager on the subject of the unconscious who lives in and from the street, but also a wager on the right to speak as a means of social transformation.

Keywords: homeless population, psychoanalysis, policy, clinical devices, implicated psychoanalysis.

Resumo

Partindo da constatação de que houve um pioneirismo da psicanálise no campo das intervenções psicossociais em cenários de vulnerabilidade sociopolítica no Brasil e da justificativa de que essa teoria fundamenta a prática de diversos profissionais da rede pública de saúde e de assistência social, este estudo objetivou investigar o que faz um psicanalista no atendimento à população em situação de rua. Para isso, realizou-se uma pesquisa exploratória a partir de entrevistas com seis psicanalistas e professores universitários, que atendiam ou atendem pessoas em situação de rua, através de projetos de extensão ou pesquisa em instituições de ensino superior públicas e/ou privadas ou organizações sociais. Como resultado, constatou-se que o dispositivo clínico na rua não é uma transposição do setting analítico clássico e que o atendimento na rua acontece a partir de demandas urgentes e da oferta de escuta pelo analista no território. Apesar da reinvenção de algumas técnicas, devido às especificidades desta população, os participantes identificaram que a única regra da psicanálise a não ser modificada é a ética do desejo. Além disso, identificou-se a existência de um trabalho político dos psicanalistas para a garantia e a promoção dos direitos humanos em âmbitos institucionais, o que está para além de uma atuação puramente clínica. Assim, concluiu-se que a psicanálise na rua não é somente uma aposta no sujeito do inconsciente que vive na e da rua, mas também no direito de falar como forma de transformação social.

Palavras-chaves: *população em situação de rua, psicanálise, política, dispositivos clínicos, psicanálise implicada.*

Resumen

Partiendo de la constatación de que hubo un pionerismo del psicoanálisis en el campo de las intervenciones psicosociales en contextos de vulnerabilidad sociopolítica en Brasil, y de la justificación de que esta teoría fundamenta la práctica de diversos profesionales de la red pública de salud y asistencia social, este estudio tuvo como objetivo investigar qué hace un psicoanalista en la atención a la población en situación de calle. Para ello, se realizó una investigación exploratoria a partir de entrevistas con seis psicoanalistas y docentes universitarios, que atendían o atienden personas en situación de calle a través de proyectos de extensión o investigación en instituciones de educación superior públicas y/o privadas u organizaciones sociales. Como resultado, se constató que el dispositivo clínico en la calle no es una simple transposición del setting analítico clásico, y que la atención en la calle ocurre a partir de demandas urgentes y de la oferta de escucha por parte del analista en el territorio. A pesar de la reinvención de algunas técnicas debido a las especificidades de esta población, los participantes identificaron que la única regla del psicoanálisis que no debe modificarse es la ética del deseo. Además, se identificó la existencia de un trabajo político de los psicoanalistas para la garantía y promoción de los derechos humanos en ámbitos institucionales, lo cual va más allá de una actuación puramente clínica. Así, se concluyó que el psicoanálisis en la calle no constituye únicamente una apuesta en el sujeto del inconsciente que vive en y de la calle, sino también en el derecho a hablar como forma de transformación social.

Palabras clave: *población en situación de calle, psicoanálisis, política, dispositivos clínicos, psicoanálisis implicado.*

Résumé

Considérant que la psychanalyse a joué un rôle pionnier dans le champ des interventions psychosociales en contexte de vulnérabilité sociopolitique au Brésil et du fait que cette théorie fonde la pratique de divers professionnels du réseau public de santé et d'assistance sociale, cette étude visait à enquêter sur ce que fait un psychanalyste dans l'accompagnement de la population en situation de rue. À cette fin, une recherche exploratoire a été réalisée à partir d'entretiens avec six psychanalystes et professeurs universitaires, qui accompagnent ou ont accompagné des personnes en situation de rue, à travers des projets d'extension universitaire ou de recherche dans des établissements d'enseignement supérieur publics et/ou privés ou des organisations sociales. En conséquence, il a été constaté que le dispositif clinique de rue n'est pas une transposition du setting analytique classique et que la consultation dans la rue se fait à partir de demandes urgentes et de l'offre d'écoute par l'analyste sur le terrain. Bien que certaines techniques aient été réinventées, en raison des spécificités de cette population, les participants ont identifié que la seule règle de la psychanalyse à ne pas être modifiée est l'éthique du désir. De plus, on a identifié l'existence d'un travail politique des psychanalystes pour la garantie et la promotion des droits humains dans des contextes institutionnels, ce qui va au-delà d'une intervention purement clinique. Ainsi, il en ressort que la psychanalyse dans la rue n'est pas seulement un pari sur le sujet de l'inconscient qui vit dans/de la rue, mais aussi sur le droit de parler comme forme de transformation sociale.

Mots-clés : *population en situation de rue, psychanalyse, politique, dispositifs cliniques, psychanalyse impliquée.*

Psychoanalysis, as a practice of listening oriented toward sustaining desire rather than hegemonic ideals, has, since its inception, presented itself as a technique grounded in subversion (Safatle, 2020). However, because it emerged from clinical practice with hysterical patients from relatively privileged socioeconomic backgrounds, psychoanalytic theory articulated a set of conditions presumed to be fundamental to the functioning of treatment. This arrangement, centered primarily on the triad of time, money, and the couch, became a focal point for criticism, as theoretical and technical limits were misused to characterize psychoanalysis as an elitist practice with limited therapeutic reach for other forms of psychopathology (Figueiredo, 1997). Although such criticism continues to challenge orthodox positions within psychoanalysis, Freud himself (1912/1996b) emphasized in his recommendations to novice practitioners that the structuring of technique reflected his own individual circumstances and that nothing prevented psychoanalysts from achieving analytic results through new formulations.

Anticipating social transformations and their implications for technical modifications, Freud (1918–1919/1996a), in *Lines of Advance in Psycho-Analytic Therapy*, framed psychic suffering as a public health issue affecting both affluent and impoverished populations. As Freud stated, it is possible to foresee that sooner or later the conscience of society will awaken and remind it that the poor man has just as much right to assistance for his mind as he now has to the help offered by surgery (p. 180). Ensuring the right and access of all individuals to analytic treatment would therefore require psychoanalysis to adapt its technique to this new reality, underscoring a position of social responsibility. In this sense, psychoanalysts are called to remain attentive to social and political dynamics, while being available for listening and for the presence of psychoanalysis within the polis. Although such a stance demands technical reconfiguration, this "psychotherapy for the people" must remain faithful to elements taken from strict and non-tendentious psycho-analysis (Freud, 1918–1919/1996a, p. 181).

In her study *Freud's Free Clinics: Psychoanalysis and Social Justice*, Elizabeth Ann Danto (2019) highlights that, even among Freud's contemporaries, there was a movement not only to expand access to analytic treatment for broader populations, but also to innovate psychoanalytic technique for new situations. This application of psychoanalysis in contexts alternative to the classical setting became known as psychoanalysis in extension (Lacan, 1967/2003) and reached Brazil through the exile of Argentine institutional psychoanalysts during the 1970s (Broide, 2019c). The migration of Argentine psychoanalysts committed to an anti-capitalist discourse was instrumental in fostering the Social Psychoanalytic Clinic established in Rio de Janeiro in 1973 and in initiating analytic listening within what Jorge Broide termed "critical social situations" in 1976, in the city of São Paulo. During this period, Broide (2019a) became one of the first psychoanalysts in Brazil to propose psychoanalytic work in contexts ranging from prisons and police departments, where victims of torture under the Brazilian Military Dictatorship were held, to spaces demarcated by the street. It is within this street-based practice, more specifically at Largo de Osasco in São Paulo, that one finds one of the earliest, if not the first, documented initiatives offering analytic listening to people experiencing homelessness in Brazil. Building on his master's research in 1993, Broide further developed what he had already conceptualized as work in "critical social situations" (Broide, 2016), advancing the practice of a "Psychoanalytic Clinic on the Street," directed toward individuals who survived on the street or from it.

At this point, it is important to revisit the anthropological foundations of the concept of the homeless population. According to Melo (2017), the term "população em situação de rua" (in Portuguese) came to be used, from the 1990s onward, to designate a group of people living on the streets due to the absence of conventional housing, driven by diverse individual circumstances and social determinants. This debate eventually led to the establishment of the National Policy for the Homeless Population in Brazil (Decree No. 7,053, 2009). Prior to these definitional discussions, the concept was employed more broadly to group together diverse populations who did not necessarily sleep on the streets but lived within street environments under varied conditions (Melo, 2017). Accordingly, the Psychoanalytic Clinic on the Street proposed by Broide (1993) was not intended to serve exclusively the population currently defined as experiencing homelessness, but rather a broader set of marginalized groups, such as sex workers and other informal laborers, who derived their material and psychic subsistence from the street.

More recently, the national policy definition has been complemented by the Housing First (*Moradia Primeiro*, in Portuguese) model, which defines the homeless population as a population group composed of people who have lost the conditions necessary to maintain their lives within a household (Ministério da Mulher, da Família e dos Direitos Humanos, 2022, p. 15). The shared premise of the impossibility of maintaining housing emphasizes that the extreme vulnerability experienced by this population is not caused by unemployment or the use of psychoactive substances, as moralistic perspectives often claim, but rather by the absence of housing itself, since many individuals are unemployed or use drugs while remaining housed. Established internationally and adopted in Brazil under the designation *Moradia Primeiro*, the Housing First model stands in opposition to stepwise welfare paradigms and proposes low-threshold housing provision as the primary means of overcoming homelessness (Menezes, 2022).

Considering this definition, which positions the struggle for housing as the central intervention strategy for people experiencing homelessness, the present study is grounded in the hypothesis that this population exists outside the social bond. It is a population symbolically constituted through a series of violences that initially resulted in the absence of housing, thereby restricting access to basic rights. Even while situated outside the social bond, and in line with the psychoanalytic investigations of Rangel (2018), this population is not socially invisible. Rather, it is composed of individuals placed at the margins of society who are continually subjected to repression by the capitalist state apparatus due to class and racial

dynamics. As a group whose most fundamental rights are denied and whose position lies at the margins of the social bond, people experiencing homelessness become targets of public security policies that frequently aim at their elimination, thereby sustaining unequal power relations. As noted by Rosa et al. (2006, p. 40), appearing in the real, the homeless emerge as fictitious bodies, outside time and space. They have no face, no name, no bond. Thus, the homeless population is not only produced by discourses and relations that marginalize it, but is also subjected to ongoing attempts at erasure, precisely because it is deemed undesirable.

In light of the multiple violations performed in the name of social hygienism, and considering the ethical commitment of psychoanalysis to sociopolitical suffering, the present study aims to investigate what psychoanalysts do when providing care to people experiencing homelessness within a historical context marked by the marginalization of these subjects. Given the pioneering role of psychoanalysis in extension within psychosocial interventions in Brazil, particularly in contexts of vulnerability, this study is justified by the understanding that psychoanalysis constitutes a crucial theoretical and ethical foundation for the practices of professionals working within the public health and social assistance systems.

Method

This article presents the results of an exploratory, empirical study with a predominantly qualitative design, approved by the Research Ethics Committee of a public university, examining psychoanalytic experiences of care provided to people experiencing homelessness in different Brazilian states. Data were collected through six interviews with university professors and psychoanalysts who currently coordinate or have previously coordinated extension or research projects focused on people experiencing homelessness within public and/or private universities and social organizations across the country.

Participant selection was based on the following criteria: i) willingness to participate in the study; ii) current or previous coordination of an extension or research project with or for people experiencing homelessness; and iii) professional practice grounded in psychoanalytic principles. In addition, because participants were recruited from different regions of Brazil, availability to participate via an online platform was required. A total of six participants were selected, all of whom reported experience providing care to people experiencing homelessness through university-based or governmental projects linked to the health and social assistance sectors. As all projects involved a political dimension, the identities of the interviewed psychoanalysts were preserved. To indicate the scope of the experiences examined in this study, participants were drawn from four Brazilian regions: Northeast, Central-West, Southeast, and South.

The choice of this methodological approach followed an unstructured literature review conducted as part of the same research project. This review identified a psychoanalytic practice historically committed to sociopolitical principles and oriented toward offering analytic care in contexts of vulnerability. Despite these initial findings, research revealed a lack of theorization regarding the technical and ethical conditions under which such interventions are offered. In response, the present study proposed conducting interviews with psychoanalysts experienced in working with people experiencing homelessness in order to understand the possibilities of psychoanalytic praxis within the Brazilian social context.

Data collection was conducted by using a semi-structured interview guide addressing i) the interviewees' experiences of working with people experiencing homelessness; ii) the ethical specificities of analytic listening in street settings or in institutions providing care to people experiencing homelessness; and iii) the intersections between psychoanalysis and politics. The interview data were analyzed using content analysis (Bardin, 2011), which enabled the categorization of experiences based on recurring themes, salient elements, and differences across psychoanalytic practices in distinct Brazilian localities. In addition, Lacanian discourse analysis (Lara et al., 2019) was employed as an analytical framework that offers Lacanian theoretical conceptions, notions, or simple theoretical dispositions that may be illuminating when approaching a discourse (Pavón-Cuéllar, 2019, p. 20). This approach seeks to reveal what remains unspoken from a critical and politically engaged position, articulating psychoanalysis and politics so as not to objectify or depoliticize the subject, but rather to take a position while positioning the subject and granting them a place within discourse (Pavón-Cuéllar, 2019, p. 22).

Results and Discussion

If psychoanalysis exists beyond the consulting room and has articulated a discourse of social responsibility since its inception, its provision in street settings is both possible and meaningful, as demonstrated by Broide's (2021) experience with the *Psycho-Analytic Clinic on the Street*. The central challenge, however, lies in understanding how analytic listening unfolds within contexts of extreme social vulnerability. This study is grounded in the notion of an engaged psychoanalysis, as articulated by Rosa (2016, p. 185), which seeks to elucidate the subject's suffering in light of the different positions occupied within the social bond and to consider the specificity of the case, taking into account the effects of the discursive helplessness of certain subjects in the construction of clinical tactics, i.e., dispositifs and strategies, that refer both to their desiring position within the bond with the other and to singular and collective modalities of resistance to processes of social alienation (Rosa, 2016, p. 186).

With the agreement of all participating psychoanalysts, the first central finding is that psychoanalysis in street contexts does not consist of a simple transposition of office-based practice. Although all interviewees agreed that the demands presented by those receiving care are not fundamentally different from those observed in classical clinical settings, and that psychoanalytic techniques are largely preserved despite certain reinventions, they emphasized that stereotypical criteria often used to define an analysis, such as the couch and payment, are not prerequisites. Rather, these elements are mediated by the logic of the street itself.

The absence of payment by the person receiving care, as anticipated by Freud (1918–1919/1996a), does not emerge as an obstacle to treatment. This was confirmed in the accounts of all 6 interviewees, as all analytic encounters with people experiencing homelessness were provided free of charge. Far from discouraging engagement, one participant reported that the lack of payment sometimes produced a sense of strangeness, as the listening encounter was perceived as so rare and valuable that, in the analysands' view, it ought to be compensated in some way, for example through gifts recovered from waste. This recognition of analytic work illustrates, as noted by Figueiredo (1997) in observations of care provided in public outpatient settings, that payment can be understood as a function, and that the absence of money does not imply, contrary to Freud's earlier concern (Freud, 1913/2021b), the loss of its regulatory effect on the sexual factors of treatment. In this sense, other elements appear to be decisive for the subject's engagement in treatment. As one psychoanalyst stated, "using words is a high price to pay for some" (sic). Without dismissing the complexity of money and the couch, particularly in the treatment of neuroses under transference, the interviewees emphasized the need for analytic caution so that these conditions do not become fetishes in defining what does or does not constitute an analysis, given that listening to the unconscious may occur through other means.

If money appears as dispensable given conditions of socioeconomic vulnerability, the couch, as one interviewee suggested, can only be conceived as the bench in a public square. Still shaped by the unpredictability produced by the absence of housing, time emerged as the most emphasized condition of treatment in the interviewees' accounts. All participants noted that time is unexpected and continuously variable in both duration and frequency. In some projects, it is common for a person experiencing homelessness to attend a single session and never return. The notion of a single session is not new within the context of public psychoanalytic clinics. Although psychoanalysis is not typically conceived as a one-time encounter, Ab'Sáber and Zaiden (2019) argue that a single meeting may open a pathway to the unconscious and produce a therapeutic effect. What is at stake in single-session psychoanalytic work, as Mori (2018) observes, is not analytic interpretation, but rather the relief produced by freely and addressively speaking.

Reflecting on the brevity of treatment, some psychoanalysts described analytic listening in street contexts as a form of bearing witness, drawing on the concept developed within the Clinics of Testimony (Clínicas do Testemunho de RS e SC, 2018), originally proposed for amnestied victims of the Brazilian Military Dictatorship. In this framework, the aim is to promote a form of reparation of the traumatic through the construction of a shared memory.

Although not the norm, all interviewees agreed that longer-term work in street contexts is possible, with time remaining an unpredictable variable in both duration and frequency. Two psychoanalysts from different regions highlighted that sustained treatment may occur through the proposal of therapeutic accompaniment (TA). They noted the influence of psychoanalysts in the development of this approach, which is now widely used in mental health care. TA began to take shape at the La Borde Clinic in France and reached Latin America through Argentine psychoanalysts in the 1960s (Holanda et al., 2020). In Brazil, TA has been particularly inspired by the psychoanalyst and anti-asylum movement activist Antônio Lancetti, through what he termed *Peripatetic Clinic* (Lancetti, 2008), whose aim was to promote the analysand's community insertion through sessions conducted while walking through the city.

An examination of the history of psychoanalysis in Brazil and of extension projects providing care to people experiencing homelessness reveals a consistent concern among the interviewees with mental health demands. These demands, however, were inseparable from the social context and from the need to promote therapeutic strategies that ensure access and citizenship. Radmila Zygouris (2011) notes that, in contemporary clinical practice, analysands' demands more closely resemble what she terms current neuroses than the transference neuroses, hysteria and obsessional neurosis, that Freud originally identified as the objects of psychoanalytic treatment. Increasingly, psychoanalysis encounters demands that, in its early days, would have been directed toward psychotherapy rather than analysis. This shift requires renewed reflection on the therapeutic effects of psychoanalysis so that it does not become a mere ideology disconnected from the subject's actual demand (Zygouris, 2011). In this sense, psychoanalysts attentive to mental health demands enable viable work with vulnerable populations, aligning with what Roudinesco (1994) identified as a future-oriented movement of psychoanalysis beyond the classical consulting room.

Although psychoanalysis in street contexts does not aim to reproduce office-based conditions, two interviewees emphasized that listening initiated in open spaces may later transition to enclosed settings. After years of working on the street, one participant reported that renting a commercial office allowed people to access a more confidential listening space and longer-term treatment. While the need for privacy in listening is part of a bourgeois symbolic order (Prost, 2009), from which people experiencing homelessness are excluded due to the absence of housing, as one interviewee noted, it is

nonetheless necessary to think in terms of equal access to treatment and to avoid romanticizing the precariousness imposed by insufficient public investment. In this regard, interviewees emphasized the State's responsibility to provide dignified conditions for care. One psychoanalyst with extensive experience in public policy work observed that street-based listening can function as a gateway to institutional care for subjects who, due to persistent state repression, believe they cannot access certain spaces, even when these spaces are public.

Despite the work conducted within public institutions, most psychoanalysts emphasized that a major barrier to care for people experiencing homelessness lies in rigid bureaucratic protocols that fail to account for factors such as the absence of personal documentation. In addition, interviewees noted that this population is frequently denied care in institutional settings. As one mental health researcher observed, therapeutic accompaniment is sometimes necessary simply to ensure access to services, as the person experiencing homelessness is accompanied by a housed analyst, who is recognized as a subject of rights. Without attributing individual blame to public servants, interviewees emphasized that denial of care and stigmatization in health services are largely attributable to the precarization of the Psychosocial Care Network (RAPS) and to insufficient professional training for interventions in contexts of vulnerability.

According to the interviewees, higher education institutions play a crucial role in addressing gaps left by the absence of public practices and policies directed toward people experiencing homelessness. These institutions contribute by training professionals capable of recognizing the subject across different political and institutional spaces and of repairing state violations rooted in colonial histories. For these psychoanalysts, it is essential to envision new modes of social insertion for a population devastated and excluded by the capitalist apparatus. Considering the multiple violations directed at people experiencing homelessness, one participant emphasized that, unlike productivity-oriented social organizations, public institutions are necessary for analysts to sustain transference under dignified working conditions. This position resonates with Freud's argument (1918–1919/1996a) regarding the State's responsibility to guarantee free access to care and his caution against philanthropic models of practice.

Unlike the more solitary construction of analytic work in private practice, street-based psychoanalysis requires close articulation with the health and social assistance networks. According to one interviewee, the care demands of people experiencing homelessness are urgent in nature and are often initially directed toward other spheres, such as legal services or social assistance, before being addressed through psychoanalysis. The mental health demands most frequently directed to psychoanalysts, according to the interviewees, concern substance use and psychosis.

In work with psychosis, two participants emphasized the role of psychoanalysis in guiding the subject toward the construction of anchoring points that allow for some degree of organization. For Broide (2019b), anchoring points are the threads, often invisible, that tie the subject to life. This concept, according to the author, helps the analyst identify where to begin the work when confronted with the misery experienced by the analysand and faced with the question, "how is this person still alive?" Such a clinical orientation is crucial to prevent the analyst from suggesting interventions, such as reestablishing contact with family, that could lead to "retraumatization."

Beyond the subject's own anchoring points, two psychoanalysts highlighted the importance of activities mediated by art, formal employment, and political activism. One cited the case of a person in intense psychic suffering who later became a social researcher in the census commissioned by the city of São Paulo (Broide et al., 2018). Reflecting on psychosis, one interviewee emphasized the necessity of psychoanalytic work within territories, noting that the street operates according to an asylum-like logic, in which psychic suffering may serve as a justification for state-led institutionalization or incarceration of bodies deemed dangerous.

Within this same logic of bodily control, demands related to substance use emerge. One interviewee, in agreement with the conception of addiction proposed by fundamental psychopathology (Conte, 2002), argued that an individual's relationship with substances must be understood in relation to their connections with other objects in life. According to an interviewee specializing in alcohol and drug-related demands, the use of psychoactive substances functions to block or suspend other demands. Rather than attempting to remove the subject from substance use at all costs, the psychoanalyst should be guided by harm reduction principles. Harm reduction, in this sense, implies not only opposition to abstinence-based models, but also resistance to prohibitionist policies, which, according to the experience of the *De Braços Abertos* program, are the primary drivers of the violations suffered by people experiencing homelessness.

Some interviewees referred to the *De Braços Abertos* program as a model for addressing alcohol and drug-related demands among people experiencing homelessness. Coordinated by the psychoanalyst Antônio Lancetti in the Cracolândia region, the program functioned as a low-threshold, intersectoral policy that combined health care with housing provision and social inclusion through employment (Pinheiro, 2019). Based on the Housing First model, this initiative was discontinued in São Paulo in 2017, giving way to repressive and "urban cleansing" interventions.

One interviewee noted that substance-related issues are inseparable from the "war on drugs," within which people experiencing homelessness may be understood as "expropriated or refugees within their own country" (sic). Four of the six interviewees drew parallels between people experiencing homelessness and migrant or refugee populations. Two participants observed that many migrants and refugees end up experiencing homelessness upon arriving in Brazil, and that this number

has increased in recent years. Although these populations were associated due to their shared condition of placelessness, one participant emphasized that migrants may possess greater psychic resources, as they leave situations of suffering in search of new meaning, whereas people experiencing homelessness are said to have "fallen" into the street (sic). In this view, homelessness represents a transition from an initial state of abandonment into a condition of hopelessness regarding the possibility of overcoming such circumstances.

When recalling the factors that may lead individuals to the street, interviewees emphasized that people experiencing homelessness constitute a heterogeneous population. Consequently, providing care may involve listening to transgender and *travesti* (a Latin American gender identity distinct from transgender categories) individuals, formerly incarcerated people, sex workers, and many other identities whose concrete life conditions did not allow for the maintenance of housing.

Despite the multiplicity of demands and specificities, when asked about the conditions necessary for building a street-based psychoanalytic practice, all interviewees unanimously stated that the only non-negotiable element is the ethical commitment to analytic listening to the subject of the unconscious. Everything else, according to the participants, is open to reinvention. This transformative movement aligns with the observation of Iannini and Santiago (2020) that theory and technique can be constantly refined, unlike the ethical premise of the clinic. Street-based psychoanalysis thus emerges as a practice sustained over time and through presence within the territory, allowing it to be symbolized as a possibility by people experiencing homelessness.

Accordingly, four psychoanalysts, excluding those whose experience was developed within *consultórios na rua*, emphasized the importance of repeating the same location and schedule in street work. Repetition of encounters was described as one of the conditions that enable the establishment of transference with people experiencing homelessness. Nevertheless, all participants noted that a transferential bond may still be formed even when there are long intervals between street-based encounters.

Transference in street contexts, unlike that in private practice, is subject to the flows of the city and to institutional interests and affects. With regard to suggestion, nearly all psychoanalysts stated that this technique does not apply, as it is associated with a moralistic and paternalistic intention on the part of the analyst. One participant emphasized the importance of considering the subject's desire and the violations they have suffered before suggesting shelter. Another psychoanalyst argued that communicating knowledge to prevent self-destruction in high-risk situations should not be confused with suggestion, stating that "we (analysts) perform a bodily act of presence that is affirmed in many situations, and this does not undermine the work with the unconscious" (sic). Diverging from this position, only one interviewee considered suggestion to be a legitimate psychoanalytic technique, provided it adheres to Freud's (1937/2021a) guidelines on constructions in analysis.

Beyond technique, the influence of peripatetic clinic was reaffirmed, alongside the theoretical contributions of the Argentine psychoanalyst Pichon Rivière, cited by most participants. Group-based dispositifs were described as mechanisms for encouraging speech and fostering solidarity through recognition. As Safatle (2020) notes, within Lacanian theory, recognition does not entail the production of shared identities, but rather enables socialization even in the absence of identificatory predicates. For one interviewee, group work plays a key role in developing strategies to address tensions that arise in street contexts and shape the organization of certain collectives among people experiencing homelessness.

Another strategy for building networks in contexts of extreme vulnerability involves co-therapy, based on intercultural clinic approaches, as noted by one participant who also works with migrant populations. Beyond fostering relational bonds for the analysand, co-intervention was described as a means of better understanding the distinct registers involved in transference and the imaginary representations held by different therapists regarding the same reality.

The final technical reinvention highlighted by the interviewees concerns the active offer of listening, rather than waiting for spontaneous demand articulated in advance. According to one participant, in most cases, the psychoanalyst must co-construct the demands to be addressed together with the analysand. Before this can occur, however, all participants emphasized the importance of establishing a bond and making the intentions of care explicit. One interviewee noted that offering harm reduction supplies and bodily care items may serve as a pathway to listening. Beyond mental health interventions, one participant also underscored the role of certain forms of assistance, such as food provision, in fostering trust. These secondary offers, however, must not obscure the primary intention of listening. As another interviewee stressed, analytic listening must be genuinely offered, with authentic interest in the subject's suffering. After this, the decision to continue treatment rests with the person themselves.

Although there are situations in which the analyst may need to actively seek out the person, such as in severe intoxication episodes, another participant emphasized that offering care is not synonymous with insistence. From this perspective, the psychoanalyst should not cling to listening as a salvific element to be imposed universally.

Analytic listening must be grounded in an understanding of the lived realities of people experiencing homelessness. Thus, all interviewees emphasized the importance of psychoanalysts engaging with ethnographic and anthropological studies of the territory. Beyond providing a theoretical foundation, such fields offer methodological tools, such as institutional diagnosis and field diaries, that may support clinical work. Nonetheless, as Freud (1912/1996b) cautioned, methodological frameworks should not guide the analyst during sessions. As one interviewee with experience in ethnography observed,

there is a fundamental difference between the ethnographer and the psychoanalyst: the former is concerned with symbolic exchanges, whereas the latter is concerned with the subject's anxiety.

Knowledge of the territory may also help analysts protect themselves from situations of harassment and violence, concerns highlighted particularly by female psychoanalysts. Two interviewees emphasized experiences of harassment and the need to work in groups rather than alone. These issues were not attributed to people experiencing homelessness per se, but rather to gender dynamics operating within a patriarchal and sexist culture. According to the interviewees, the most significant violation faced by analysts on the street is bodily exposure to tense and violent situations, such as police interventions in drug-use scenes.

In this context, participants emphasized that street-based psychoanalytic praxis can only be sustained through the analyst's desire. While this desire provides support in the most challenging moments, one interviewee stressed that the possibility of withdrawal must also remain open. The analyst, in this view, should not acquiesce to what belongs to the order of the perverse, particularly within institutional frameworks that govern the work.

The first indication of the analyst's desire, according to most interviewees, lies in the wish, often present since undergraduate training in psychology, to build a clinical practice beyond the consulting room and to participate in movements aimed at reinventing psychoanalysis within institutional spaces. Although, as one interviewee noted and as Freud (1918–1919/1996a) affirmed, the analyst does not need to have experienced circumstances similar to those of the analysand in order to understand their demands, half of the participants reported personal inscriptions within the social field that led them to work with people experiencing homelessness. Reflecting on the interplay between personal and professional positions, a senior psychoanalyst emphasized that analysts must remain attentive to their own desire and avoid occupying the narcissistic position to which people experiencing homelessness may summon them through the multiplicity of care-related demands they address to the analyst.

In this sense, it is reaffirmed that, despite the concrete socio-assistance needs that may be presented by people experiencing homelessness, the analyst, whether in private practice or on the street, must attend to what is implicit in the demand. As Lacan (1957–1958/1999, p. 99) observed, even unconsciously, the subject

> will address himself in one way to the charitable lady, in another to the banker, in another to the matchmaker… That is to say, his desire will be taken up and reconfigured not only within the system of the signifier, but within the system of the signifier as instituted in the Other.

Accordingly, it is understood that, often encountering the analyst in their role as a psychologist, people experiencing homelessness may request specific interventions that carry a concealed demand for cure, particularly related to what they identify as the factor leading them to the street, such as the use of alcohol and other drugs.

At this juncture, unlike professionals from other fields or psychologists working within other theoretical approaches, the analyst (in their function), even when committed to sociopolitical suffering, should not direct the work toward improving the subject's life conditions (Rosa, 2015). This does not entail refusing all requests for assistance, given that the demands of people experiencing homelessness frequently involve urgent survival needs, as the interviewees emphasized. Rather, it requires interpreting the nature of the demand and refraining from responding to it in an attempt to provide something that is morally or politically recognized as benevolent within the social bond. As one interviewee stated, the analyst's position entails "listening without excessive pretension," in accordance with the technical rule of evenly suspended attention. Similarly, as another participant noted when discussing housing as a means of overcoming homelessness, one must not confuse the object of political struggle with the direction of treatment.

What must therefore guide the analyst is the maintenance of the analysand's desire (Lacan, 1958/1998). When asked about the ethical principles that should be upheld in street-based care, all participants responded that the essential element can be summarized as the ethics of psychoanalytic listening. The analyst presupposes that there is something beyond what is spoken, wagering on the subject of the unconscious as autonomous and acting in favor of that subject's desire, without imposing any logic aimed at improving quality of life. As one interviewee put it, "the analyst should be the stern, not the bow" (sic), i.e., navigating in the direction steered by the subject themselves. Revisiting psychoanalytic paths, the interviewees' position echoes Freud's assertion:

> We emphatically refuse to turn a patient who places himself in our hands in search of help into our property, to decide his fate for him, to impose our own ideals upon him, and, with the pride of the Creator, to shape him in our own image and see that it is good (Freud, 1918–1919/1996a, p. 178).

Along these lines, one participant reinforced that psychoanalysis wagers on the subject's responsibility for their own life, not as a form of meritocratic blame for their fate, but as an affirmation of desire devoid of disciplinary intent. Another interviewee similarly emphasized that the ethic of not desiring in place of the other constitutes a way of affirming life without hierarchizing it. A third psychoanalyst noted that ethical intervention in street-based psychoanalysis does not

occur through the analyst's silence, but through a form of popular communication that explains the theory and aims of treatment to the other.

Following the psychoanalytic ethic of subverting socially determined norms in favor of desire (Safatle, 2020), psychoanalysis in street contexts may thus be understood as an inherently political practice. However, the analysts' praxis on the street does not reduce itself to a stance toward suffering alone, but encompasses a series of actions within the everyday landscape of physical and symbolic violence inflicted upon bodies. This study documented reports of analysts who assisted analysands in evading forced removals ordered by municipal authorities; who maintained their presence when an armed individual approached a group of people experiencing homelessness; who refused to comply with institutional directives that could harm those receiving care; and who advocated for the rights of people experiencing homelessness in political representation spaces, subsequently facing persecution. These accounts suggest that psychoanalytic presence on the street extends beyond listening to a praxis that involves engagement with concrete, and therefore political, situations enacted in real time.

Reflecting this political incidence, five of the six interviewees reported maintaining contacts and articulations with the National Movement of the Homeless Population (MNPR for short, in Portuguese). Two professors described how current leadership figures in two Brazilian states began their activism through engagement in university outreach projects, which, through interdisciplinary collaboration, encouraged political formation and participation in social oversight spaces. Another interviewee reported that group work conducted with people experiencing homelessness, including individuals who later became MNPR leaders, in the capital of one state led to claims that resulted in the establishment of the first Municipal Policy for the Homeless Population.

It can thus be observed that work initiated through psychoanalysis holds multiple political potentials. As one participant emphasized, it guarantees subjects the most fundamental right of life: the right to speak. Allowing subjects to speak for themselves and to occupy territories with their own bodies constitutes, as evidenced by the findings of this study, the everyday practice of psychoanalysis on the street. Nevertheless, as one interviewee cautioned, psychoanalysis as a theory still bears marks of a bourgeois tradition and does not, through its techniques alone, propose intentions of social transformation. Psychoanalysis therefore appears as structurally lacking, and it falls to analysts, committed to listening to subjects within a specific time and territory, to construct interventions both within and beyond psychoanalytic praxis to promote and guarantee fundamental rights. In doing so, the possibility of forging a social bond is established.

Final Considerations

The findings of this study demonstrate that street-based psychoanalysis is not only possible but may also be understood as one of the earliest psychosocial interventions developed in contexts of vulnerability in Brazil. This evidence highlights the pioneering role of Brazilian psychoanalysts who have offered analytic listening to people experiencing homelessness or to populations living in extreme sociopolitical vulnerability within specific territories. Beyond affirming the feasibility of a clinical practice outside the classical setting, these findings underscore psychoanalysis' implication in the social and political field, as well as its interest in the discourses and territories that participate in the production of subjectivities. Thus, despite the specificities related to concrete needs, listening to subjects experiencing homelessness remains grounded in the ethics of desire and in psychoanalytic theoretical principles, as in any psychoanalytic practice.

Within this framework, psychic reality, transference, repetition, and temporality emerge as key concepts guiding the analyst's work in street-based clinical dispositifs (Figueiredo, 1997). Broide (2019c) emphasizes that it is the analyst's desire that enables the construction of clinical treatment dispositifs outside the classical setting, and that the possibility of such practices has been historically affirmed over time.

Based on the present research, it is possible to identify that, despite the scarcity of systematic records concerning the technical conditions of work with people experiencing homelessness, psychoanalysts occupy different positions within the polis, actively engaged in expanding access to work with the unconscious, as Freud (1918–1919/1996a) had already indicated in his address to the Fifth International Psychoanalytic Congress. Moreover, the analyst's presence in vulnerable territories marks the possibility of listening to these subjects and conferring dignity upon those who live in and from the street. Although such work does not aim at improving subjects' lives as an explicit treatment goal, it nonetheless carries significant therapeutic reach. In this sense, behind the recurrent critique of psychoanalysis as an elitist practice lies a historical commitment to social concern that has characterized psychoanalytic praxis since its inception. Recovering this history of struggle is therefore urgent, so that psychoanalysis may remain engaged (Rosa, 2016) and so that the population at large, particularly those at the margins of the social bond, may gain access to analytic listening and benefit from its effects.

For psychoanalysis to operate in the terms of an engaged practice, the formation of analysts and the transmission of psychoanalysis within the territory are essential. Such processes cannot occur without a critical stance toward systems of power and oppression that exclude those deemed undesirable from the social bond. In addition, this study highlights the importance of democratizing access to psychoanalysis. The findings indicate that psychoanalytic interventions directed toward people who live in and from the street in Brazil are primarily linked to initiatives developed by higher education

institutions and are not robustly supported by public policies. This reality reveals a sociopolitical commitment (Rosa, 2015) on the part of public universities and of psychoanalysts themselves, who place their bodies in spaces imagined and symbolized as sites of violation and engage in state-level debates aimed at guaranteeing subjects' rights.

Street-based analytic praxis is therefore not merely about extending access to psychoanalytic care for a population historically excluded from it. Rather, it involves reinventing psychoanalysis itself and transmitting it in the formation of new psychoanalysts committed not only to listening to the unconscious, but also to transforming the language that structures it. Far from any grandiose invention, psychoanalysis on the street is a praxis sustained by the ethics of desire. Through the analyst's act of listening, it seeks to enable the subject's speech so that they may construct their own anchoring points. It is thus concluded that street-based psychoanalysis represents not only a wager on the subject of the unconscious who lives in and from the street, but also a wager on the right to speak as a means of social transformation in contexts of vulnerability.

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