

Psychoanalysis in the Street: Clinical and Policy in the Event of the Use and Abuse of Drugs

Adriana de Oliveira Rangel de Mattos

Individual work

This work is a part of an ongoing PhD project in the post-graduation Program in Psychoanalysis at UERJ, under the guidance of Prof. Dr. Elia Luciano, that I suppose you know, is a psychoanalyst member of the Analytical Bond School of Psychoanalysis, whose School I am also a member, immodestly speaking.

I will make a cut in the research project, which began this year, aiming to highlight the issue of the device of psychoanalysis applied to a new clinical modality of treatment of drug users, known as the Doctor Street, as proposed by SUS. I've been following the work of a walking team of mental health in Cuiabá. Although I am not part of the CAPS team, I am close to the work.

The first question that arises in this research is: where to support the conditions of the possibility of using the psychoanalysis in this Public Health device? How can I, accurately, think the psychoanalysis applied to this street clinic and focused on the use and abuse of drugs?

Concerning the phenomenon of drug use in civilization is important to remember that since man is man, he makes use of drugs to alleviate or improve his conditions in life. Recalling Freud (1976 [1930])¹ in 'The malaise in civilization,' he says, "life as we find it is too hard for us, gives us many pains, disappointments and impossible tasks. In order to support it, we cannot dispense palliative measures. We cannot do without auxiliary constructions [...] powerful derivatives that make us extract light of our misery [...] and toxic substances, which make us insensitive to it. Something like this is indispensable." (p.93)

Freud cites William Busch when he says "one who has concerns has also spirit." Thinking with Freud, the suffering threatens us in three directions: the body, doomed to decay and dissolution; the outside world, the forces of nature destruction, and the

¹ Freud, S. (1976 [1930]) O mal-estar na civilização in: Obras psicológicas completas de Sigmund Freud. Edição Standard brasileira vol XXI. Rio de Janeiro: Imago

others, the next ones, the most painful and dangerous threat. We think that the use of drugs to the population that is in the street is essential as a defense against the threat of suffering, against the helplessness that people live every day.

So the starting point of this paper is not to confuse the use of drugs and drug addiction and to be able to check the latter from a psychoanalytic approach, because in the drug addiction, according to the psychoanalysis, the subject will have a membership position in relation to the object of enjoyment for instance, that will not necessarily be found in these young people that we work with. Drug users are considered, in this project, as structured according to the logic of neurosis in the sense of being able to maintain and sustain the social bond, defined by Lacan as a discourse (in the sense that he made it from the XVI Seminar – De um Outro ao outro, 1969/70)². I want to maintain the possibility of a first look at drug users as not being considered carriers of psychopathology, surely there is an incidence of psychopathology among them, but that does not entitle us to a priori diagnosis of a disorder drug addiction, drug addiction and even less a behavior disorder. We will take, then, drug use in a place similar to the clinical symptom of neurosis.

The field of the clinical practice of this research is held in the city of Cuiabá, behind the bus station where the Health Center ambulance parks. In this place there are local and cheap hotels and coffee shops where these street boys and girls pass through to take drugs, some of them not so young, unemployed, prostitutes and homeless from their points of origin, moving close to the bus station in search for a meaning for their lives, somewhere to sleep or something to eat. The highest incidence of drug is crack and paste, and their customers are mostly teenagers and young adults, malnourished and vulnerable both socially and personally.

We can take the clinical and the policy of RD as a wide track, where the behavioral oddities about drugs and their uses can have legitimate expression. In this sense, the RD approach converges with the provision of psychoanalytic listening, because the behavioral adaptation is placed outside the focus of treatment. At some level, harm reduction can move forward and reduce the damage of subjective order, enabling the subjective implication and providing access to the word. What we want to support is that even though the practices of harm reduction do not have any foundation in

² Lacan, J. (2008) O seminário, livro 16: de um Outro ao outro. Rio de Janeiro: Jorge Zahar Ed.

psychoanalytic theory and praxis, and do not take into account the complexity of the subject of the unconscious nor its structure and what he has of incurable, they keep some convergent aspects, namely: as psychoanalysis includes neurosis (transfer) in the midst of treatment, the DR does not intend to exclude the use of drugs and the two treatments do not consider abstinence as a cure, because what is treated goes far beyond the use of drugs.

In its technical recommendations Freud warns us about the desire to heal by the analyst (*furor sanandi*) that can wreck any analysis. "The most dangerous feeling for an analyst is the therapeutic ambition to achieve [...] something that would take effect on convincing other people" (Freud, 1976[1930], p.153)³ and suggests that the analyst should be content with something similar to the words of a surgeon of ancient times, taken as motto: "Je Le pansai, guérit Le Dieu"⁴ (Freud, 1976[1930], p.154)⁵. The psychoanalyst lives during treatment with the patient's illness, Freud⁶ reminds us well: "We just clarify to ourselves that the state of the patient's illness may not cease with the beginning of his analysis, and we should not treat his illness as an event of the past, but as a current strength." (p.198).

Sustaining a "knowledge not knowledge" as clinical strategy, listens from the individual who puts the listener in a place of an apprentice. "The knowledge should be on the side of the subject, ensuring that what does not cease of not registering (Lacan, 1964/1985) will not be framed or tamed, but bordered to salute the experience, gaining symbolic boundaries and telling about this event in lifetime. From this edge, comprising the social bond, between the one who wants to talk and the analyst, to create the clinical practice in the street, a public space open to the event. This clinical act, says Figueiredo (2007 apud Figueiredo and Frade, 2008 p.92)⁷ "is an event that should find, point and call the individual who remains still "hidden" in the patient or user in his apathy or overreaction like unregulated enjoyment." This is the clinic of the/

³ Freud, S. (1976 [1912]) Recomendações aos médicos que exercem a psicanálise. In: Obras psicológicas completas de Sigmund Freud. Vol XII. Imago: Rio de Janeiro.

⁴ Translation: I gave him the dressings; God healed him.

⁵ Freud, S. (1976 [1930]) O mal-estar na civilização in: Obras psicológicas completas de Sigmund Freud. Edição Standard brasileira vol XXI. Rio de Janeiro: Imago

⁶ Ibidem

⁷ Figueiredo, A.C.; Frade, A.P. "A função da psicanálise e o trabalho do psicanalista nos serviços residenciais terapêuticos". Ver Latinoam. Psicopat. Fund., São Paulo, V.11, n. 1, p. 82-96, março 2008.

in the event, where the word is taken literally, right there where it is said without reservation and received without any restriction.

Considering psychoanalysis as the ethical and methodological direction of this research, replacing the speech of the drug user in the main scene is to focus on the emergence of accountability as possible, to make a bet that a subject subsists (despite the conditions in which he sub-exists) surrounded by numbness in the middle of so many speeches that speak about and for him.