

DWELLING ON THE DIRECTION OF THE TREATMENT FOR THE HOMELESS SUBJECT¹

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Summary: The article highlights the importance of therapeutic labor and open-ended psychoanalytic treatment in a therapeutic community while trying to express how a psychoanalyst should not defensively withdraw one's desire to listen in the face of people who are homeless and impoverished (which would only reveal the resistance of the analyst), but can deploy an ethics given some variations to the more 'classical' psychoanalytical frame so that the homeless subject is able to speak about their own suffering.

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“Psychoanalysis is still considered a therapy appropriate for the upper class social strata, which implies that the poor cannot afford to have an unconscious.”
(Gherovici, 2013, p. 4)

Introduction

In Canada and the United States, contemporary psychoanalysis has the reputation of being only accessible for society's educated or elite class at an immense financial cost where the privatized treatment is likely to last for many years (at two to five appointments per week). This caricature conveys the widespread perception of psychoanalysis in the social imaginary as a discipline detached from the progressive ideals of social responsibility, institutional psychotherapy, and community mental health. In contrast to this misperception, Freud and his early followers including Alfred Adler, August Aichorn, Siegfried Bernfeld,

1. This revised paper was presented in an earlier form at the Lacan's *Écrits* Conference. Duquesne Psychology Department. Duquesne University, Pittsburgh, PA. 11-13 October 2019.

Erik Erikson, Anna Freud, Eduard Hitschmann, Willi Hoffer, and Wilhelm Reich helped to establish outpatient clinics for people who could not otherwise afford treatment in ten cities and seven countries across Europe including Berlin, Budapest, Frankfurt, London, and Vienna between the world wars from 1918-1938. Elizabeth Ann Danto has documented the efforts of these practitioners in *Freud's Free Clinics*.² Despite the significance of this psychoanalytic social justice effort of the past, there is little written from the perspective of any psychoanalytic orientation about work with people who are simultaneously marginalized, impoverished, addicted, and homeless.³

In this article, I would like to dwell on the direction of the treatment for those who are without dwelling. Perhaps I can only arrive at a few thoughts about this direction indirectly. I will try to tell you something about the context of my clinical work within a community of the poor and homeless because I do not think psychoanalysis can be done from an outside office in these circumstances. The analyst cannot necessarily remain on the 'sidelines' and I believe this work has to happen from within the community. Before going further, however, let me first acknowledge this suffix, 'less', since the signifier of the 'homeless' explicitly indicates a loss. The suffix precisely designates the state or quality of not having or being free from the very thing denoted by the preceding element. This 'less' may involve a brutal subtraction that leaves a person destitute, but may also indicate liberation from unbearable circumstances, a loss in either case. I am not talking about metaphors. When I write of the homeless subject, I refer to actual people who live outdoors exposed to Canadian winters, who sleep in shelters, who are in halfway homes, who are shuffled around in foster

2. Even after the free clinics collapsed during the Second World War, Freud maintained hope that social responsibility toward the poor would eventually result in societies providing greater access to treatment. In a 1918 speech to the International Psychoanalytic Congress, Freud suggested that "it is possible to foresee 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; and that the neuroses threaten public health no less than tuberculosis, and can be left as little as the latter to the impotent care of individual members of the community. When this happens, institutions or out-patient clinics will be started, to which analytically-trained physicians will be appointed, so that men who would otherwise give way to drink, women who have nearly succumbed under their burden of privations, children for whom there is no choice but between running wild or neurosis, may be made capable, by analysis, of resistance and of efficient work. Such treatments will be free. It may be a long time before the State comes to see these duties as urgent" (Freud, 1955 [1919], p. 167).

3. For psychoanalytic literature on homelessness and poverty, see (Brown, 2014; Bychowski, 1970; Campbell, 2006; Felix and Wine, 2001; Herron and Javier, 1996; Ngo-Smith, 2018; Smolen, 2006; Young-Bruehl, 2006).

placements, who seek asylum or arrive on refugee status, who perpetually couch-surf, riding waves of uncertainty, who flee domestic violence, or who may feel for any myriad of reasons that the place of home collapsed due to devastating family circumstances. I will also say that not all of my analysands at the mission are presently homeless, but most have experienced prolonged periods of homelessness at some point in their lives. Many live in the squalor of community housing where the highly overdetermined signifier of the home does not necessarily have a 'sweet home' signified. Homelessness is an experience of 'displacement' in both the psychoanalytic and phenomenological senses of the word. There really is no place like home, but especially when home is no place.

In my reflections that follow, I am oriented by a few questions in light of work with analysands who are unable to abide an abode due to multiple and interconnected contingencies of poverty, trauma, and addiction that form each singular circumstance of destitution or brokenness. How can psychoanalysis listen to the discourse of the homeless subject? How might we hear the Thing that is *unheimlich* or unhomely in homelessness? And how might one begin to think about the direction of the treatment when working within a community of poverty where many of the analysands are living in circumstances of precarious housing? I begin with a brief commentary on psychoanalytic research on poverty, followed with several reflections on my observations as a practicing psychoanalyst and psychotherapist within St. John the Compassionate, a Christian Orthodox mission and therapeutic community in Toronto, ON. I highlight the importance of therapeutic labor and open-ended psychoanalytic treatment in this organization while trying to express how an analyst should not defensively withdraw one's desire to listen in the face of people who are homeless and impoverished (which would only reveal the resistance of the analyst), but can deploy an ethics given some variations to the more 'classical' psychoanalytical frame so that the homeless subject is able to speak about one's own suffering.

*Psychoanalytic Literature on Poverty
(or the Resistance of the Analyst)*

Emerging from the anti-psychiatry movement in France in the 1950s, institutional psychotherapy, which is also influenced by the work of Lacan and Foucault as well as the Marxist tradition, has significant potential for rethinking work with homeless and

impoverished populations.⁴ As a psychiatric reform movement, institutional psychotherapy proposes a radical reorganization of the mental health clinic whereby patients actively participate in the management of the facility and its operations, reversing hierarchical structures, and shifting power dynamics. This movement's approach, however, is most often associated with clinics for psychosis and is less commonly extended to thinking about the clinical implications of treatment with people experiencing homelessness and poverty who may be suffering from a variety of mental health diagnoses (Mackie, 2016, pp. 154-155).⁵ Further, Lacan's thinking and French psychoanalysis has not historically permeated American and British psychiatric and psychoanalytic institutions.

In a survey of over seventy years of psychoanalytic research, Manasi Kumar explores the discourse of historical psychoanalytic literature on poverty and the poor accessible through the American Psychoanalytic Electronic Publishing Archive (PEP Web Archive), which consists of a database aggregation of dozens of journals affiliated with the International Psychoanalytic Association and various academic institutions around the world in English, French, German, Greek, Italian, Romanian, Spanish, and Turkish. Kumar does not mention the French institutional psychotherapy movement. She also does not mention the British schools of anti-psychiatry associated with R.D. Lang and David Cooper, which influenced the notion of the therapeutic community. Such a community usually advances group treatment from a perspective of social collectivism and democratic organization where patients (usually referred to as 'residents' in the therapeutic community model) are involved in the decision-making processes and day-to-day operations of the clinical organization. Therapeutic communities have been historically implemented for cases of long-term mental health issues, personality disorders, and addictions, but contemporary research from a psychoanalytic perspective in this area is also significantly lacking since the early work of psychiatrists Robert Hirshelwood and Nick Manning.⁶ From her assessment of major psychoanalytic journals

4. For instance, Kumar overstates that "it does not take long to discern that there are virtually no writings on poverty from the French psychoanalytic tradition" (2012, p. 18).

5. Following Lacan and Michel Foucault (1926-1984), French clinicians including psychiatrist Jean Oury (1924-2014), psychotherapist and philosopher Felix Guattari (1930-1992), psychiatrist Frantz Fanon (1925-1961), physician Georges Canguilhem (1904-1995), and Spanish psychiatrist François Tosquelles (1912-1994) were influential thinkers within the institutional psychotherapy movement, but their work is most often applied to clinical settings that serve people suffering from psychosis rather than to a broader population of homelessness and poverty. (Mackie, 2016, pp. 154-155).

6. See (Hirshelwood and Manning, 1979) and (Manning, 1989).

in the PEP Web Archive, Kumar writes that “most of the writings on poverty come from the American ego psychology school or its hybrid versions such as intersubjectivist, self psychological, and developmental branches of psychoanalysis” (p. 18).

Kumar’s rhetorical assessment of analytic literature throughout the PEP Web Archive is that this literature frequently conveys an elitist attitude, one that rationalizes the analyst’s distance from poverty and resorts to individualistic and fatalistic understandings of intersectional aspects of impoverishment and social adversity. In many studies, Kumar discovers

“an implicit argument that the poor may not have enough intellectual (financial of course!) and emotional resources to approach and if they did so to sustain deep analytic work. There were suggestions that psychoanalysis may not be the best remedy for people such as the poor who need immediate relief and contributions that well enhance basic minimum in life much before introducing any psychotherapeutic assistance. There are also allusions in the literature to poor prognosis and lower satisfaction of the therapist with the content and quality of analysis” (p. 16).

The presumption that a poor or homeless person may not have the intellectual capacity to sustain an analysis does not account for the fact that it takes a great deal of intelligence, ‘street smarts’, to survive life on the street. Assuming that those who are impoverished require basic needs to be met before psychotherapeutic assistance already forecloses the possibility of considering that being able to speak about one’s own suffering might also constitute a basic need.

Further, Kumar finds that when psychoanalytic literature does invoke the subject of poverty, it is often through metaphorical language applied to patients. Using poverty as a metaphor to speak about a plethora of conditions, clinicians have shed light on little except their own prejudice in relation to the experience of poverty and homelessness, designating what is Other in the patient through such constructions as, for instance, “psychological poverty,” “poverty of imagination,” “poverty of symbolic capacity,” “poverty of relationships,” “poverty of interest,” “poverty of emotions,” “poverty of sexual function,” “poverty of ego,” “poverty of dreams,” and “religious/moral poverty” (pp. 6-12). What do we make of the clinician’s own phantasies of poverty as displaced into the discourse of

symptomatology? It is clear that this emphasis on poverty as metaphor for what is lacking in psychological conditions not only posits a deviation from a problematic construction of normalcy (poor as abnormal or deficient), but also contributes to stigmatization of the poor while confusing actual systemic conditions of poverty with clinical judgments about diagnosis.⁷ The metaphorization of the poor as a rhetorical move in clinical writing contributes to the exclusion of those who are marginalized from being so-called ‘good candidates’ for psychoanalysis. Poverty becomes aligned with what is ‘unanalyzable’. Here, I might suggest that the notion of that which is ‘unanalyzable’ can only be properly defined as a condition or circumstance that results in the clinician’s own inability to have patience with patients through listening, especially if, as Allan Frosch writes,

“the analyst's idea about psychoanalysis is an essential variable that contributes to our concept of analyzability. Furthermore, the analyst’s ideas are always shaped by desire. Wishes and defenses organize our perception of the world, including the world of who is or is not analyzable” (2006, p. 841).

Does the clinician project and defend against something in his or her pathologization of poverty? Could it be that analysts may not feel at home when listening to the homeless? Suffice to say, there is an enormous gap in psychoanalytic research surrounding clinical treatment of the homeless and the poor. If “there is no other resistance to analysis than that of the analyst himself,” as Lacan says, then I cannot help but wonder if psychoanalysts might be rather sheltered when it comes to the subject of homelessness (2006 [1958], p. 497).

Confronted with a shortage of literature on actual poverty and homelessness in the field of analysis, I am reminded of Patricia Gherovici’s metaphorical reversal: “One might talk about the psychoanalysis of poverty,” but one could perhaps more easily “talk about the poverty of psychoanalysis” (2019, p. 221). Like Kumar, Gherovici underscores the apparent exclusion of the poor’s access to psychoanalysis and the prejudice involved in the psychoanalytic exclusion of the poor. This especially concerns me since most contemporary social service agencies who work with the poor and

7. One of Kumar’s primary arguments is that the psychoanalytic metaphorization of impoverishment contributes to “an inept understanding and motivation in including extra-clinical versions of reality such as chronic poverty and social adversities in the purview of psychoanalytic research and practice” (p. 19).

homeless only administer pharmaceuticals and the work of ‘adaptation’ and ‘adjustment’ through behavioral treatments that introduce an imposition of compliance and dash the opportunity for the analysand to hear something of his or her own desire in speech. Such agencies are quite effective at extinguishing the patient’s own agency. Lacan calls out such notions of guiding the analysand to become more ‘well-adapted’ in the paper that I have in mind at the time of writing, *On the Direction of the Treatment and the Principles of its Power* from 1958. “Well-adapted to what,” Lacan writes, “if not to the Other’s demand?” (p. 533).

St. John the Compassionate as Therapeutic Community

For the past several of years, I have held psychoanalytic consultations within St. John the Compassionate, an Orthodox Christian mission situated on the lower eastside of downtown Toronto. Since its opening in 1987, the spiritual Fathers and clergy of this particular mission, some of whom are also registered social workers, have created a welcoming space that provides basic necessities in terms of food, shelter, clothing and the possibility of a social link throughout the day for those who are living in precarious circumstances. For me, the poverty of the mission is close to home. What I mean is that I am literally a neighbor insofar as I live across the street from the organization. Cracked pavement and streetcar tracks mark a separation between where I live and this work. I am a neighbor, but also something of an interloper since I am not a member of the clergy or the parish, but serve on staff in a psychoanalytic role working alongside the members of the community. I have an office on the third floor. I have two chairs and a couch. On a busy day, the mission may serve several hundred meals to those who pass through the doors. It is important for the clergy and staff to eat together with the community since as the rule of the mission highlights, “[t]o set a table is not the same as sharing a meal” and “serving the meals includes the presence of each of us at a table” (St. John 67). Some folks come for pastoral counsel, prayer, and liturgy, but many also come to eat, talk, laugh, cry, sing, or sit together at a table with tea or coffee. People arrive regularly in the midst of a breakdown where others do their best to help with the crisis. It is not always clear if I will see the same people from one day to the next due to the vulnerability, destructiveness, and proximity to death of which some become enwrapped. There is a pile of naloxone kits in my office. There are funerals in the chapel where no immediate family is present. Often

a photograph of a familiar person will appear posted to the community bulletin board or on top of the piano in a frame. These are the photographs of the dead. These same photographs are finally rehung on the walls of the main floor office. Sometimes I hold impromptu appointments in this office during the meal programs, surrounded with *memento mori*. “Who...so firmly rooted in the everydayness of human suffering,” writes Lacan, “has questioned life as to its meaning—not to say that it has none...but to say that it has only one, that in which desire is borne by death?” (2006 [1966], p. 536). Members of the clergy and staff speak frequently about the transient nature of the community due to the perils of street life. The disorganization of this organization, however, emerges as a crucial element to its functionality. Such disorganization allows for a place, a location where people may arrive from varied backgrounds, all talks and walks of life, but where everyone shares imaginary and symbolic identifications around an indeterminate notion of community and takes on responsibility for the others within this community. For many who frequent the organization, it is a rare place of safety and refuge.

In the early morning, people sleep on mats on the floor. When they wake up, sometimes we will talk about their dreams over breakfast. Once I asked a man who was overwhelmed with his dreams if he ever wrote them down on paper. “No,” he replied, “but I draw them.” I found him a piece of paper and a pencil and with an artist’s hand he sketched with a fervor the terrifying places and faces that haunt him in his sleep. When he had completed the drawings, I asked him if he felt better. “No,” he said, “but the noise in my head stopped.”

Labor as Therapeutic

In *To Give a Beautiful Witness: The Rule of St. John the Compassionate*, a text that conveys something of the law of the Father and of the ideals that the organization revolves around, there is reference to the significance of the mustard seed, the practice of paying attention to “some little unexpected miracle...discovered in a forgotten corner of our day, a touch of colour in a gray day” (2016, p. 9). Sometimes we can see the seeds, but analytically we must also attune to what can be heard in the mustard that people bring with them to the mission. This obviously requires listening carefully. Here, a particular branch of Christian ethics intersects with the ideals of institutional psychotherapy as many of the people who seek refuge in the organization are encouraged to discover their talents or strengths and

put them to work. People might discover those little mustard seeds from within themselves. There are many opportunities to work within the mission given that volunteers and paid staff are needed to help run the kitchen, bakery, garden, thrift store, and to keep up with office administration. In the afternoons, members of the community may gather to chop vegetables, peel potatoes, or cut butter and mix it with flour in preparation for bread making. There are also many potential sites of transference provided for people within the mission itself. There is the religious father or the priest who acts as a support for the community. The bakery, where much funding for the organization comes from the selling of loaves to the public, provides yeast that is sometimes referred to as a 'mother'. Of course, the big Other is also present as God. The therapeutic structure of the institution manifests as an inversion of power relations where the impoverished are understood to be the masters, where people who consult with me, for instance, are also able contribute to the labor of day-to-day operations and management of the organization. The mission's emphasis on working together helps those who have severed social bonds to reconnect. The opportunity to perform labor for the mission helps create a sense of agency and belonging for people who may not be able to easily be employed in other environments. Perhaps such labor may even help transform the symptom as a *sinthome*.

In this regard, I can supply a brief vignette. A precariously housed young person comes to mind who arrived at the mission with a court order to complete community service hours following his involvement in several robberies with a knife, the final of which ended in a stabbing and his arrest. This person spoke with me on an informal basis over coffee for many months during his time at the mission, but never developed a wish to speak with me regularly in treatment. Although I am able to regularly work with people at two or three times per week of frequency, some folks prefer to seek my ear on a more sporadic basis. Nevertheless, each time I encountered him, he had much to report and I listened. Through working at the mission, he discovered that he could pull a knife for different purposes as he began to help the cook prepare food for meal programs. He regularly reported to me how much he enjoyed using the blades in the kitchen. This young person eventually took work elsewhere when he completed the required hours for the court as a condition of his parole. I encountered him months later on the subway. Proud and delighted, he told me that he had taken a new job as a door-to-door knife salesman! Given his previous enthusiasm for knives and taking money from people, he was already quite sharp at this

job, reporting that he recently received a promotion for selling so many sets of knives. Over the course of his time at the mission, he spoke to me here and there, but found a way to support his desire outside the clinic through putting the blade to work in relation to the Other only with a little difference than before, a little twist of the knife.

Toward the Clinic

Unlike many inner city social service agencies, the mission may be a place of busyness, but it is not so much a place of business. I find myself consistently relieved that the spiritual Fathers and clergy are more concerned with prophets and not so much with profits. In many ways, the clergy's concern for people and with only making enough to support the organization helps to facilitate the analytic situation in that there is a removal of barriers to access. There are no preconditions, no diagnoses, no assessments, no measurements, no goals, and no progress reports coming from the demand of some institutional big Other that may interfere with the direction of the treatment. The direction is towards subjectification and not objectification of the individual, but always a subjectification in relation to an Other and toward others. The referrals come directly from within the fluid community of the mission, from the clergy and staff, and from a Catholic referral service affiliated with the mission.

I hold many of the preliminary sessions over coffee or a meal in the mission before a person may decide they would like to pursue treatment. Some folks have been through so many psychiatrists and behavioral treatments that they expect I will be prescribing medications or labeling their thoughts or telling them what to do. Clinicians are rarely taught to listen anymore. Actual analytic listening is a radical gesture. As one analysand kept telling me during a consultation, "all my psychiatrist wants to do is cut me scripts." I told him I would not be "cutting his scripts" and would be listening instead, which allows me to raise a small point: scansion is a wonderful technique and may have its place, but I am cautious about this technique with people who are already so used to being cut off from and by others.

You might be surprised to learn that most of my analysands do pay for their sessions. The mission subsidizes appointments, but people are asked to contribute an amount to co-pay what they can afford. This can be as little as a few dollars. As Gherovici has noted, with the minimal co-payment, analysands may regularize their attendance and become more actively involved in treatment since the symbolic payment helps

to restore a sense of agency and free the analysand from building dependence and an unpayable debt (2019, p. 222). In the absence of payment, some analysands are already working within the mission or may take it upon themselves to wash dishes, fold laundry, sort donations, or help with other tasks so as to prevent an imaginary unpayable debt from building.

What does it mean to say that a homeless person has no address? Obviously, the person's address may be lost or precarious, but the analyst must listen to the address that comes from the body in the form of speech where the language of the subject always exceeds itself. I will conclude with a brief return to Lacan's notes at the end of his paper on *The Direction of the Treatment and the Principles of Its Power* as I hope to suggest that with the support of the mission in place, perhaps we need not stray far from these clinical recommendations when listening to the homeless subject. "Speech," writes Lacan, "possesses all the powers here, the specific powers of the treatment" (2006 [1966], p. 535). Unlike the Catholic or Orthodox confessional or the behavioral treatment, the analytic situation does not impose a demand that a person confesses or adapts, but rather "leaves the subject free to have a go at it" (Ibid.).⁸ What must be heard and seen in the mustard seed? While the subject's demands for food, shelter, and clothing may be met within the mission, the "demand is exactly what is bracketed in analysis, it being ruled out that the analyst satisfy any of the subject's demands" (Ibid.). Lacan writes that "since no obstacle is put in the way of the subject's owning of his desire, it is toward this owning that he is directed and even channeled" (Ibid.). Many analysands may say they want a home, for instance, but the resistance appears when the subject must own such a desire in being offered one, which can "be related here to nothing but desire's incompatibility with speech" (Ibid.). Of course, it has been noted in the psychoanalytic literature on attachment that homeless subjects often have difficulty with 'containment' or 'holding', but it surprises me that clinicians rarely consider how these signifiers carry connotations of being detained, possessed, overpowered, restrained, controlled, imprisoned, or otherwise prevented from moving freely. Many homeless people have a drive for motion, a drive to keep moving

8. Lacan was asked during a seminar, "Do you think that people now go to a psychoanalyst like they used to go to their confessor?" The person asking this question insists, "When you go to your analyst, you confess, too." Lacan replies to this question with his own insistence, stating a clear and important distinction between psychoanalysis and confession: "Absolutely not! They are not at all alike. In analysis, we begin by explaining to people that they are not there in order to confess. It is the first step of the art. They are there to talk – to talk about anything" (2013 [2005], p. 63).

that cannot necessarily be contained. For such subjects, it may be excruciating to stay in one place if one has only known safety through dislocation, constant movement, or being outdoors. The offer of a home may be experienced as another demand from the Other. If I have not given this impression already, some analysands have trouble tolerating being in the office while speaking (at least initially) as they might feel ‘trapped’, ‘suffocated’, or ‘claustrophobic’ and may prefer to leave the office door wide open or to walk or to sit outdoors on a nearby park bench while speaking with me. Lacan suggests that it will not be the analyst’s “container function” that will sustain the analysand’s treatment, but rather the analyst’s “presence,” which is “implied simply by his [or her] listening, and that this listening is simply the condition of speech. Why would analytic technique require that he make his presence so discreet if this were not, in fact, the case?” (2006 [1966], p. 516).⁹ It is the analyst’s capacity to manifest a listening presence that is most significant to reflect on in this context. I will remain uncertain if I have given you anything to take home, but if anything resonates, I hope that if you are going to provide a person living in precarious housing with a temporary hearth in your office, with a presence and not presents in the form of fulfilling the demand, that you will first have to hearth the subject speak a language that is not for you.

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9. In Seminar X, Lacan writes: “Don’t you know that it’s not longing for the maternal breast that provokes anxiety, but its imminence? What provokes anxiety is everything that announces to us, that lets us glimpse, that we’re going to be taken back to the lap. It is not, contrary to what is said, the rhythm of the mother’s alternating presence and absence. The proof of this is that the infant reveals in repeating this game of presence and absence. The security of presence is the possibility of absence” (2014 [2004], p. 53).

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