

PSYCHOANALYSIS FOR THE PEOPLE: INTERROGATIONS AND INNOVATIONS

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In this special issue we trace the little-known histories of free psychoanalytic clinics as part of an effort to articulate a new vocabulary in psychoanalysis, which can reflect its dimensions of critical and progressive discourse and practice. The papers gathered here stem from the first of two conferences on ‘Psychoanalysis for the People: Free Clinics and the Social Mission of Psychoanalysis’ held at the Freud Museum on 16–17 January 2021.¹

The evidence shared at these conferences demonstrated the conceptual and cultural diversity of such clinics, literally all over the world, some short lived and some enduring, some tied into various state structures, some more alternative, some targeted at specific marginalised groups, some explicitly political, some concerned more broadly with social justice and widening access. The diversity and multiplicity of cultural locations is added to by other differences in the clinics

1. The first part of the conference had the theme ‘Sites and Innovations’, while the second part of the conference, held on 24–25 July, had the theme ‘Diversity of Practices and Shared Vocabularies’. The contributions of the second part of the conference are not part of this issue; they will be published at a later point.

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discussed here. Many schools of psychoanalysis are represented: object relations, intercultural, Lacanian, relational, Laplanchean, and more, and this is true of the whole field. The social and political concerns that led people into this kind of work stretch across all schools of psychoanalysis; they transcend its silos in ways that could encourage a much-needed pluralism. These multiplicities and pluralities are something to embrace, even if there may be difficulties in and resistances to engaging with something in an ‘alien’ vocabulary.

The work that forms the basis for this journal issue is both innovative and experimental, in that to our knowledge it has not been done before. In focusing on clinics as collective entities to be studied, we are emphasising their embodiments as objects of knowledge in their own right and as highly significant sources of knowledge production in the psychoanalytic field. As such they constitute important interventions in the evolution of psychoanalytic thought and practice, and contribute to establishing paradigms for a culturally and socially embedded psychoanalytic subjectivity. Our hope is that greater recognition of such initiatives will act as encouragement and support to people working in these clinics, often in very adverse and challenging environments, and that the wider world of psychoanalysis and its trainings can learn from this.

We also pose a series of interrogations, which have guided these contributions. We ask, amongst other things, how collectives of clinicians invested in the social mission of psychoanalysis innovate in the clinical and institutional domain, and in mental health cultures, by reconfiguring the meaning of time, space, money, suffering and their interrelations. Through this special issue, we aim to generate new questions about what it means to *socialise*, *collectivise* and constantly *collectively elaborate* the practices that inscribe the social vocation of psychoanalysis.

Why Social Clinics?

The essential background to this question is provided by Elisabeth Danto’s book, *Freud’s Free Clinics: Psychoanalysis & Social Justice 1918–1938* (Danto, 2005). Danto’s research brought to light what was a largely ‘forgotten’ history in the annals of psychoanalysis. Freud’s speech, ‘Lines of Advance in Psycho-analytic Psychotherapy’ (Freud, 1919[1918]), was crucial in advocating the establishment of free clinics in the context of the political and cultural environment, including the widespread traumatic effects of the First World War. Freud argued that providing much wider access to psychoanalysis than the hitherto private practice with well-off patients was essential to its public acceptability and to its future, an argument that still has relevance now.

Danto’s work was groundbreaking in revealing in fascinating detail the complexity of the issues confronted by the clinics in Berlin, Vienna and elsewhere: practical, clinical, political and theoretical. It brings to our attention how crucial the various radical, social democratic and Marxist commitments of the left-wing psychoanalysts – including Karen Horney, Otto Fenichel, Annie and

Wilhelm Reich, and Siegfried Bernfeld – were in establishing and maintaining these free or low-cost psychoanalytic clinics. As Danto says, this was a time when working-class people could and did have access to psychoanalysis. The meticulous records kept in these clinics were published in the main journals of the time, establishing a presence within mainstream psychoanalysis, not seen since, a loss to greater psychoanalytic understanding. Innovative adaptations of psychoanalytic practice and technique were made in response to the conditions of life and the nature of the defensive structures of the patients, most notably by Wilhelm Reich when director of the Ambulatorium in Vienna. Psychoanalysis, in Danto's account, became better known and more popular, due both to the extensive outreach, educational and cultural work undertaken by many of the analysts involved, and to the clinics themselves.

Although these original clinics were wiped out by fascism, the ideas lived on in exile. During the more conservative era of psychoanalysis post-Second World War, few social clinics were established, one notable exception being the Lafargue Clinic in Harlem, New York, which explicitly addressed the toxic effects of racism on African Americans (see Gherovici, this issue). The social movements of the 1970s led to a surge in many countries of different kinds of alternative psychotherapy clinics, outside the mainstream and responsive to the needs of those who could not afford private psychoanalytic psychotherapy, or who, because of ideological and cultural factors often stemming from within psychoanalysis itself, did not feel it was in any way for them. Since then, free and low-cost clinics of many different kinds have proliferated, in many countries, addressing diverse marginalised, oppressed and excluded groups of people.

One of the leading socialist psychoanalysts of the early twentieth century, Otto Fenichel, argued that it was in the daily practice of such clinics – rather than in theory alone – that Freud and Marx – in other words, psychoanalysis and variously left-wing and socially concerned politics – could be conjoined. Or, to put it in more contemporary terms, that a truly social psychoanalysis could be forged. There are many examples of this in the papers in this issue.

The conferences on which the issue is based started with a conversation between the organisers in 2019 (see Figure 1). In imagining the space of these conferences, they drew on their experiences with free clinics in London, UK, and Rio de Janeiro, Brazil. They were curious as to the nature of these and other diverse community projects and the kinds of innovative psychoanalytic thought and practice that they embodied. This led to a realisation of the vast amount of untapped knowledge and understanding in the work of contemporary free and low-cost clinics, about taking psychoanalytic therapy into different social settings, in order to reach many of those who were very unlikely to access the more traditional private contexts. One theme that can be gleaned from the existing literature is how essential to good clinical practice is a dynamic understanding of the social, cultural and political locations of such clinics and the people who come to them. This includes an exploration of what Lennox Thomas (2013) has called cultural countertransference, as well as a willingness to adapt



Figure 1. Poster for the first of the ‘Psychoanalysis for the People’ conferences held at the Freud Museum.

psychoanalytic approaches to some of the circumstances of life and beliefs of the clientele, which may be very unfamiliar to the therapists concerned (see Ababio, this issue).

And yet so little of this has been recognised, written about or discussed, and this represents a huge loss in terms of knowledge about working psychoanalytically at these various cultural and social front lines. This also has meant that, with some exceptions, these projects have not got the recognition and support from mainstream psychoanalytic practice, nor has there been any transfer of knowledge and experience back into teaching and training. This is also a loss for those being

trained, in terms of gaining insights into working with disadvantaged, excluded and marginalised people.²

Constructing a Vocabulary, Collectivising Practices

Through this Free Clinics issue we aim to find a modality of inscription or a mode of memory for a set of practices that are as old as psychoanalysis itself. Despite the relevance of the Freudian 1918 moment, and despite the subsequent creation of at least 12 cooperative mental health clinics from Berlin, Vienna, London, Budapest, Zagreb, Moscow, Frankfurt, New York, Trieste and Paris, the tradition of the free clinic has been difficult to remember, to retain culturally and historically, but also more practically to include in psychoanalytic teaching or on training programmes. This means we need to persist with telling each other the stories and histories of the free clinics around the world, with all their forms of creativity and all of their challenges.

Why this gap in memory in psychoanalysis around the free clinics? Why have the progressive histories remained obscured, despite the fact that many psychoanalysts around the world, in smaller or larger collectives, have found ways to imagine and to build social clinics? This event of forgetting has to do with what Elisabeth Young-Bruehl and Murray Schwartz (2012, p. 140) called ‘the trauma history of psychoanalysis’. The trauma history refers to two distinct phenomena. First, it refers to the migration of psychoanalysts before and during the Second World War, mostly to England and to the Americas, and to its deep consequences in terms of dislocation and communal fragmentation. Second, it refers to intellectual splits, quarrels and fragmentations internal to the field of psychoanalysis, and manifest in mainstream or institutional psychoanalysis. At the intersection of these two forms of forgetfulness, what we are missing is a collective historical consciousness, able to reflect what is repeated and what is distorted.

Engaging this trauma history, this special issue gestures towards reading psychoanalysis ‘against the grain’, building a vocabulary for the inscription of the marginal story of the free clinics. Ultimately, this is an intervention into the historiography of psychoanalysis by shifting the focus from individuals (mostly Freud and a few other major figures) to collectives. In other words, the subject of the alternative history we are starting to write here is the collective, defined in relation to its practices, rather than in terms of its theoretical or national determinations (Plotkin, 2009).

Another important development occurring in the 2000s, which functions as a frame for our vocabulary on social clinics, is the emergence of the ‘(post) colonial

2. There are now some important exceptions to this lack of interest, e.g. Foster *et al.*, (1996), Altman (2010[1995]) and Gherovici & Christian (2018), all of whom, from different theoretical perspectives, discuss the many exigencies of a more socially inclusive and critical psychoanalysis.

Freud' (Brickman, 2003; Damousi & Plotkin, 2012; Khanna, 2003; Said, 2004), holding in tension two phenomena: on the one hand, the construction of the non-European as 'primitive' in the human sciences in the nineteenth and twentieth century ('colonial Freud'), and, on the other hand, the formation of epistemological tools for recognising Otherness, and for struggling against racism and colonialism ('postcolonial Freud'). The alternative stories of the free clinics provide a new imaginary on what this tension looks like on the ground in the free clinics, focusing on the various contemporary facets of 'postcolonial Freud'. This connection is particularly evident in the contributions by Patricia Gherovici, Kwame Yonatan, Baffour Abbabio and Earl Pennycooke.

The contributions of this special issue make it possible to imagine the free clinics in their dimension of creative collectives, or even microeconomic projects, or laboratories of political experimentation. In these laboratories, alternative economies of care are put into practice, placing time, money and suffering in a new set of relations, in a way that is often not synchronised to the times of the national health systems, and is not aligned to capitalistic rationalities.

Thus, a question that traverses our reflections on free clinics is: what resources does psychoanalysis hold in our times for grounding alternative economies of care? A first element for answering this question comes from rethinking and resituating money itself among the resources that we are considering. Money has a paradoxical place in psychoanalytic practice: the patient agrees to buy something that no one can describe in advance (Nobus, 2013; Phillips, 1997; Ryan, 2017). Payment is included in the symptom and its treatment (Bennett, 2012; Dimen, 1994; Jacobs, 2012; Rustin, 2001), which means that free and low-cost clinics are faced with the need to do a substantive rethinking of value, exchange and circulation in their own economies.

One of the goals here is to start a debate on how psychoanalytic collectives have responded to the challenges and paradoxes of money, how they have set up alternative points of accumulation, principles of circulation and modes of redistribution, grounding an alternative economy of care. Ultimately, in the space of the free clinics, psychoanalytic currencies are created. By studying them, we can take steps towards a psychosocial value theory, which accounts for the interrelation between political economy and libidinal economy (Guattari, 1995; Klossowski, 2017). The psychoanalysts of the free clinics reimagined currency and created a series of artefacts and 'devices' (*dispositifs*). They created vouchers, sliding scales for patients allowing for zero payments, quotas for free or low-cost sessions shared by all psychoanalysts, rules of conversion making it possible for psychoanalytic trainees to pay for their education by contributing to the free clinics, and complex micro-redistribution systems. The ethico-political implications of observing and theorising these practices are profound: they amount to a questioning and a dislocation of the primacy of economic semiotisations (Guattari, 1995). Here, economic semiotisation is seen as depending on psychic collective factors and on affects that surpass capitalistic ideological demands. The opposition between use value and exchange value is relinquished in favour of an acknowledgement of the

plurality of modalities of valorisation: the values of desire, aesthetic values, ecological values, economic values and, importantly, the value of suffering.

An artefact of the early free clinics is evocative here: I am referring to the psychoanalytic voucher (*Erlagschein*), a piece of paper that was in wide distribution in the 1930s. A psychoanalyst could endorse this kind of voucher to a free clinic, as a monthly financial contribution, substituting their gift of time, their donation for treatment hours they would ordinarily be expected to provide in person (Danto, 2005, p. 1). One of the consequences of this system of vouchers, used by Freud himself, was that the social clinic was endorsed and sustained by the psychoanalytic community in its entirety. Another important consequence was that the collectives of the free clinics were thus in a situation of semi-autonomy in relation to the agendas of the national state.

The implications of studying the free clinics as laboratories of political experimentation are profound. If we are attentive to the way suffering can be placed at the heart of a reconfigured social bond, we can also shift the focus of mental health provision from symptom suppression and adaptation to social mandates – the creation of frames and methods for rethinking race, class, gender and coloniality in the field of mental health. Ultimately, this makes possible a new economy of care. A rearrangement of these resources is bound up with our own survival. This constitutes the main ethical contribution of our project.

A second key question traversing the contributions is: what are the contemporary metamorphoses of Freud's couch in the free clinics? What happens to the psychoanalytic frame? In the contemporary free clinics, the material reconfigurations of Freud's couch are profound. In the 'psychoanalysis in the street' movement, sessions will often take place outdoors, in public spaces; in community centres where the demarcation of the space for listening needs to be actively produced; in constructed open or modular spaces, with recycled furniture. Indeed, various such 'tropical couches' can be found in Latin America.

The free clinics are also populated by a series of artefacts, materialising the ideas on 'commoning' (Linebaugh, 2008). One social clinic in Brazil, the Institute of Complexity Studies in Rio de Janeiro (subject of the article by Estarque and Soreanu this issue), has a 'caixa único' ('single pot'), a box where all the earnings of the collective are deposited for a month, to be redistributed according to a set of principles and rules. It is an artefact of an alternative redistribution system. Such artefacts are a part of mental health commoning practices. Mental health commoning is the work of actively weaving and sustaining communities of collaboration and action around the dimension of life that has to do with psychic suffering and fantasy. The commoners of the free clinics manufacture and use resources and goods by collectively creating the rules of production and use, improvising and revisiting these rules on an ongoing basis, in response to particular socio-ecological situations (such as the COVID-19 pandemic, to consider a recent example). Ultimately, there is a materiality and spatiality to the act of witnessing, which cannot be equated only to an immaterial 'listening'.

A third key concern that spans these contributions has to do with reflecting on the meaning of the diversity of practices of the free clinics around the world. Psychoanalysis travelled from Europe to other locations, such as North America and Latin America, and in this journey it became profoundly transformed. Psychoanalysis is a diasporic field of knowledge, formed through a series of dislocations, migrations and transnational forms of movement (Erős, 2016; Steiner, 2000). By including voices from a variety of geographical and cultural locations, we aim to take the first steps towards understanding the destinies of the travels of the free clinics tradition in psychoanalysis.

A fourth key concern has to do with the connection between the free clinics and psychoanalytic training. What is being repressed in contemporary psychoanalytic practice is the thick knot, or connection, or intimate link between the transmission of the psychoanalytic craft and the social justice agendas. As psychoanalyst Else Pappenheim (1981) remarks, commenting on the clinic in Vienna, ‘every doctor had non-paying patients [...] and every training analyst treated two candidates free [...] [All] analysts treated patients in the clinic’. This connection was bound into the initial psychoanalytic contract. As Elisabeth Danto (2005) notes, every active member of the Vienna Psychoanalytic Society carried out an agreement, or initial pledge, to be ‘responsible for one or more free treatments’ either at the clinic or in their private offices. Importantly, there existed the possibility – indeed very widespread at the time – to ‘pay’ for one’s psychoanalytic training while relying on the new psychoanalytic currency made possible by the functioning of the social clinic. Psychoanalysts in training could sign with Wilhelm Reich, the assistant director of the clinic in Vienna, a kind of contract to cover the costs of their training, by treating patients of the clinic for free, or contributing to its upkeep. We can see that training analysts and analysts in training and patients were bound together by free treatment. The function of such arrangements, and to what extent they stem from the pragmatics of training, or articulate a social mandate, forms part of the debate in Penny Crick’s review of the London Clinic of the Institute of Psychoanalysis, this issue. These two aspects may often conflict, with training needs dominating over social justice concerns.

From Talking Cure to Social Utterance

Insofar as the project begun here aims to build new vocabularies for ‘the inscription of the marginal story of the free clinics of psychoanalysis’, and to recover these obscured progressive histories, it also raises questions about the format these new inscriptions and histories can take. The original conferences, through which most of the contributions were sourced, acted as a sounding board for a multiplicity of contemporary voices – few of which belong primarily to historians or psychoanalytic researchers, because they are, rather, practitioners, clinicians and activists in the field, operating in diverse communities and distinctive global locations. The insights gathered here of course form

only a fragment of what might constitute the missing narrative of free or low-cost psychoanalytically informed clinics across the world over the last century, but they still straddle markedly varied forms of social terrain: a drop-in space in which to engage toddlers, marked off in a public library in south London; a clinical practice in Philadelphia's Hispanic barrio; a four-hour public workshop for health-care professionals and service users in São Paulo designed to capture the experience of privilege and oppression for each participant, and so on.

One lesson of this exercise is that there is no central archive – nationally or internationally – in which accounts of such experiences are deposited, or through which they might be accessed by researchers of psychoanalysis and turned into more substantive histories. They need very much to be grabbed in the moment, accessing what details we can – and however we can – about new creative ‘devices’ and theoretical and practical instruments, that are constantly being redeployed and reconfigured in an attempt to give psychoanalysis an existence in and for the margins. But this means also that these stories need to be communicated as far as possible in the idioms and ad hoc terms in which they originate. This affects both the way theoretical paradigms and affiliations are expressed by our authors, and their description of clinical and therapeutic processes. The point here is that these narratives – if they are to survive, be disseminated, or inscribed in contemporary cultural consciousness – need very much *not* to be translated into, defined against or co-opted by a notional mainstream or ‘official’ psychoanalytic practice, however that is articulated in national or international contexts, because this would risk producing anew the acts of marginalisation and repression – whether intentional or not – through which only certain psychoanalytic narratives get laid down, or organised as ‘historical events’, or become points of anchorage for institutionalised psychoanalytic identities.

The same argument stands for not forcing these accounts too quickly into a standardised academic format: in the pieces gathered here, history writing is very closely intertwined with a multitude of communicative styles: with reportage, political advocacy, polemic, anecdote, remembrance, stock-taking, creative reconceptualisation, acts of mourning, accusation, and so on. We feel it is important to this project that the genres of writing and cultural imagining that spring first to mind for the practitioners articulating the operation of free clinics is not then reduced to a more conventional academic voice, restricting what can be communicated and in what way. As Kwame Yonatan writes below, ‘the first thing is to speak freely and then to listen. And what we heard was that our academic language full of the master’s speech was a colonial language.’

So we have encouraged and retained some latitude here in how to communicate and record these initiatives, and what has mainly informed this choice is not just a recognition that these histories need urgently to be gathered in whatever available forms they can be, but also that what so many of these pieces are concerned with is the ethics of social articulation: how the act of communication,

that lies at the heart of the talking cure, is necessarily heterogeneous (or needs to become so), inflected in a multitude of ways depending on who the speakers are and where they are situated. To list some instructive examples, we hear in what follows:

- how the therapist as listener might address themselves directly to infants, following Françoise Dolto's commitment to treat even newborn children directly as subjects, rather than just speaking *about* them, and her observation that infants understand what they are told 'even before they acquired language' (Fourtou and Valentinova);
- how therapies in a particular service might be conducted in 19 languages, and without interpreters; and of the uncertainty surrounding use of the mother tongue, which may be associated with familiarity and safety, but also the opposite – the memory of persecution (Ababbio);
- of communication that needs to go through more obscure channels, rooted in the body; and of therapies described as a 'bizarre and subtle work of co-symbolisation' (Bonnigal-Katz);
- of initiatives that need constantly to be reframed – now in terms of 'nerves', now as 'emotional suffering', or finally as 'acquisition of counselling skills' – in order to reach a population of working-class women, amongst whom the admission of mental health issues carries a stigma (Hoggett *et al.*);
- of the therapeutic approach of collectives working with refugees and of the importance of ideas of 'healthy dissociation' and 'resilience' for dislocated populations (Alayarian);
- of public conversations and 'memorialisation workshops' as a crucial extension of therapeutic practice, such as the 'Testimony Clinic' (Yonatan) which aims to allow those 'affected by a culture of silencing' to gradually start speaking about the traumas of dictatorship.

We also learn how, in trying to extend their initiatives in space and time, such practitioners of psychoanalysis grapple with the socio-politics of discursive forms, which, as well as providing conduits for information, are also stratified as barriers against social mobility and social communicability. There are the funding bodies which, as a condition of support, require specific forms of data collection about 'service users', thus jeopardising commitments to anonymity that may be crucial for some participants; there is the imposition of screening tools in evaluating mental health which then need to be creatively 'metabolised', transformed and decolonised into 'meaningful, digestible intercultural instruments' (Ababbio) in order to bridge gaps, rather than create new fissures in social dialogue; and there are clients and trainees who have 'struggled to be heard, understood or validated' through their use of language (Pennycooke), and likewise clients who censor what they say through fear of being told they have misinterpreted what has been said or done to them; or that they are not articulate enough for the service they are trying to access. Again and again we hear how

it is the fiction of ‘sameness’ – or a single, abstract or universal dimension of communication – which needs to be dismantled because of the systematic inequality and violence this disavows. What is to be repudiated is a psychoanalysis ‘trapped in the colonial fantasy advocating an abstract universality or an equality without any basis in reality’ (Yonatan).

Throughout the work of seeing this journal issue through – from original oral presentations into more extended written documents – we have thus been alert to the danger of providing another barricade against communication, by imposing the conventions of an academic journal in too rigid a manner, or by tailoring the heterogeneous social and local idioms, and the cultural, political and therapeutic impetus of these messages from the free clinic, into something more methodologically and presentationally monolithic, or more conforming to a notional standard of historical research.

Throughout its history, psychoanalysis has been incredibly sensitive to the nuances of thought and language – from Freud’s explorations of free association; Jung and Riklin’s word association tests, and numerous writers on symbolisation from Jones and Klein onwards; to Lacan’s dialogues with linguistics and theories of discourse; Kristeva’s semiotics; and Bion’s conceptual algebra. It has been less attentive to what Émile Benveniste, Valentin Voloshinov, Mikhail Bakhtin and others pursued under the rubric of ‘utterance’: moving from a concern with supposedly individual acts of ‘expression’ (ambitions, desires, intentions, and conscious and unconscious impulses) to a focus instead on how acts of speech are determined by the *conditions of utterance*, and by how they are disparately embedded in the immediate social situation. Here what is implied is something beyond the fundamental analytic dyad – where it can be assumed that, however much the client may appear themselves to be the object of analysis, there is something structurally necessary about the binary relation through which they address the analyst, or someone or something else through the analyst. It is rather that what is said, and the meaning of what is said, is also fundamentally shaped by unspoken parities and disparities of gender, class, ethnicity, and economic and social position, both within and beyond the clinical space. The structure of an utterance, for Voloshinov, is determined ‘from within’ by the immediate social situation, but also by the broader social milieu, and thus by the latter’s overt and latent forms of inequality, differentiation and disrecognition.

Another way of framing the obstacles to narrating the free clinic is: how to speak of psychoanalysis, and write its history, in ways that move out of the social and economic enclaves of the subjects to whom it is most often institutionally restricted (whether as clients or practitioners)? And how to appreciate that beyond such enclaves new problems emerge, which are not just about how the patient hears (or hears themselves heard by) the ‘other’, but how to manage that practice of speaking and listening across fault lines of social, cultural and political exclusion? How to carry the special quality of communicative exchange that belongs to psychoanalysis – and seeks to ameliorate distortion, and loss of

meaning – into fields that are fundamentally shaped by situations of non-listening and silencing?

Psychoanalysis Integrated with the Social World: Future Directions

We hoped that through the conferences and this special journal issue we would be establishing this field as a new area and object of psychoanalytic interest and knowledge. The conferences intentionally focused on diverse modern and contemporary social clinics, founded in the same spirit of inclusive access to psychoanalysis. Some of the same issues and challenges debated in the historical clinics are present in contemporary clinics, although there are also important differences: particularly the various socio-historical contexts involved, and the many developments within psychoanalysis itself. These latter include the proliferation of different schools of psychoanalysis, the expansion of technique and most especially contemporary understandings of counter-transference and the contribution of the analyst's cultural location, values and ideology to the analytic dyad (see Gherovici, this issue). However, the creativity, passion and commitment on the part of these early left-wing analysts is also evident in all of the projects we heard about at the conference, whether or not directly inspired by this legacy.

We hoped to make visible connections between places and times that had been erased from our collective memory. This is the case in Ivan Ward's contribution to this issue, as he makes connections between the conferences in 2021 and an early series of seminars held at the Freud Museum London in 1992, 'Psychotherapy Black and White', organised in cooperation with the intercultural therapy centre Nafsiyat. These seminars were intended not only for psychotherapists but for social workers, counsellors, psychiatrists, probation officers, community health workers, teachers and others. Ward reflects on psychotherapy as an ecosystem and on the issue of the 'boundaries' of psychoanalysis, often too policed to allow social clinics' thinking and practices to take shape.

We hoped to forge connections and dialogues of many kinds about the exigencies and demands of running social clinics projects, about the forms of thought that have created and driven them and the innovations that are practised. But we also hoped to explore the societal implications of taking social clinics seriously. Such an exploration is present in Lisa Baraitser's comment on the projects presented at the conference and in the issue, which she reads as 'psychosocial' projects. Baraitser reflects on the temporal nature of the clinics, and on their use of time as part of healing. Drawing on Isabelle Stengers's 'care of the possible', she looks at the relation between time and care in the space of the social clinics, opening important questions about the free clinics as an object to think with, while imagining and investing in possible futures. In other words, 'staying with' social clinics makes possible a surprising condensation, a bifurcated question: how do we alleviate suffering while rethinking the world?

Our aim was also to establish a network of social clinics, work which will be carried further by Raluca Soreanu and colleagues.³ We wanted to go beyond the level of descriptive documentation, vital as that is, and see what themes and theoretical issues might emerge. As well as the importance of understanding the cultural locations and values of both clientele and practitioners, mentioned above, there is the willingness of the clinics to innovate and be flexible in method and technique. This kind of thinking is precisely located at the interface of psychoanalysis and the social world, where the latter is not just an add-on or background information, external to the main conceptions of psychoanalytic subjectivity, but an integral part of the practice and theory of therapists whose own cultural and social positionings and theories are an acknowledged and addressed part of the encounter.

Freud (1919[1918]) clearly envisaged that, in the free clinics, psychoanalysis would be adapted, and combined with other techniques, to respond to the conditions encountered. He spoke in the following metaphorical terms: 'It is very probable, too, that the large-scale application of our therapy will compel us to alloy the pure gold of analysis freely with the copper of direct suggestion' (Freud, 1919 [1918], pp. 167–8), that is, psychoanalysis in the Institutes and in private practice would be the 'pure gold', and psychoanalytic psychotherapy in the clinics the copper alloy. This has created a very unfortunate legacy and excess hierarchy within the whole profession. This hierarchy ignores the fact that alloys are often stronger and more fit for particular purposes than pure metals, such as gold, even if of lesser monetary value (see Ryan, 2017, for a development of this argument). It is often overlooked that Freud went on to say that whatever the other methods or adaptations of classical technique, nonetheless the most important elements will be those of 'strict and untendentious psychoanalysis' (Freud, 1919 [1918], pp. 167–8). He did not specify what these were but Gherovici and Christian (2018) and many others have elaborated this, in accounts of clinical work across many projects. Ultimately, our work here aims to struggle against the limitations of our own method, thus making the clinical exercise a political exercise as well.

We have no doubt that the inscriptions laid down here are a way of beginning a more complex, and more substantial, narrative about the free clinics of

3. The context for this work is a five-year interdisciplinary project led by Raluca Soreanu, *FREEPSY: Free Clinics and a Psychoanalysis for the People: Progressive Histories, Collective Practices, Implications for Our Times*, funded by the UKRI Frontier Research Grant (ERC Consolidator guarantee) and based at the University of Essex. FREEPSY aims to produce a new global figuration of psychoanalysis as a progressive discourse and practice, by tracing the little-known histories of free psychoanalytic clinics. It draws on psychosocial studies, social theory, historical research and arts methods. It asks how collectives of clinicians invested in the social mission of psychoanalysis innovate in the clinical and institutional domain, and in mental health cultures. It looks at seven main sites: Budapest, Berlin, Vienna, London, Rio de Janeiro, São Paulo and Buenos Aires. It will create a Free Clinics Archive, and an international Free Clinics Network.

psychoanalysis, and of encouraging others to both add more narratives and details, and help to draw lines – sequential, connecting, transverse or otherwise – between the projects described here, others uncovered from previous decades, and others still in the process of being formulated.

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ABSTRACT

In this introduction, the editors outline the aim of the Free Clinics special issue: that of articulating a new vocabulary in psychoanalysis, which can reflect its dimensions of critical and progressive discourse and practice, while tracing the little-known histories of free psychoanalytic clinics. Through this special issue, new questions become possible about what it means to socialise and collectivise the practices that inscribe the social vocation of psychoanalysis. The issue focuses on collectives of clinicians invested in a socially minded psychoanalysis and on their innovations in clinical and institutional domains. An important question that the editors ask is: what resources does psychoanalysis hold in our times for grounding alternative forms of care? The editors also reflect on the ethics of social articulation and on the format that new inscriptions can take in psychoanalysis. The acts of communicating the projects presented in this special issue are necessarily heterogeneous, inflected in a multitude of ways depending on who the speakers are and where they are situated.

Keywords: free clinics, social justice, social mission of psychoanalysis, progressive practices, class, race