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On the Capacity to Cleave Alone: Working Therapeutically with the Homeless.

In this presentation, I explore a fundamental revision to the therapist's orientation within the transference I have found helpful in translating clinical work in to a practice capable of accommodating those without shelter. This translation hinges on a key reconceptualization of the foundations of the therapeutic encounter, on which I concentrate. My experiment in presenting these ideas to you, is to try and tease out some consequences following from an immobilisation of the category of 'the proper' within psychoanalysis, where this should be heard simultaneously as that which is proper or pertains to subjects conceived as primordially self-owning and self-enclosed, either as a quality, attribute or possession of them, but also what is admissible as the appropriate or proper epistemological and social distance between subjects so conceived. Much of what I have to say, might be contextualised as a radical psychoanalytic extension and application of Canadian political scientist C.B. Macpherson's (1964) critique of what he designated as relations between people founded upon dynamics of 'possessive individualism', dynamics he identified as persisting in societies overwhelmingly characterised by market forces and capitalist relations.

To find our way in to this daunting theme, let us begin by locating psychoanalysis within Liberal philosophical and cultural traditions. That is, as a theory-practice positing subjects in the clinical scenario who – ideally in principle, if less frequently in fact – ought mutually to regard and treat one another as originally self-owning, quantitatively discrete and qualitatively distinct. That is, subjects with specific, inalienable attributes and possessions not shared by others: propertied subjects, in other words. Notwithstanding

those inter- and trans-subjective processes, clinicians working out of aspects of the (very different) Relational and Lacanian Traditions who might, at times, want to characterise such processes as scrambling tidy subjective boundaries, original segregation and self-ownership is nevertheless presupposed, retained and even valorised.

The question can then be raised: what might the consequences be for psychoanalysis, were we to render its proprietorial conventions inoperative? This is hard to imagine in our neoliberal era, which is nothing other than a transglobal system for sustaining and perpetuating all aspects of the proper. Dominated by, on the one hand, the relentless incursion of capital in to all domains of our socio-ecological life-world, transforming its every inch in to objects of private ownership and profitable exchange and, on the other, the all-enveloping matrices of identity, with a premium on the self-promotion of personal attributes.

Indeed, conceived across its very different traditions, psychoanalysis is well-suited to our contemporary milieu, even as it invites us to embark on projects as irreconcilable as 'identifying with our symptoms' as the Lacanians say, or embracing our 'journey of individuation', as the Jungians put it. Of course, however, this climate of self-investment and identity amplification courts contradiction. In order to experience myself as an individual, I must continually enact my dependence on others for recognition and affirmation of my individuality, a paradox reminiscent of American anthropologist Margaret Mead's supposed quip: 'Always remember you're an individual, just like everybody else…'

The challenge of translating psychoanalysis in to non-proprietorial terms is given immediate clinical urgency when working therapeutically with those society withholds social and cultural parity of esteem from, refusing recognition and validation of their symbolic and cultural capitals, segregating them in liminal social and geographical spaces that are

temporary and transitional, reflected by their names: shelters, hostels and halfway-houses. Groups, such as the homeless, are therefore located – both symbolically and literally – as effectively hidden in plain sight, the visible disappeared, resident aliens, citizens without citizenship, denied a voice and access to testimonial justice.

For the housed, homeless people provoke a spectrum of contradictory and deeply conflicted reactions, anywhere from disgust to pity, derision to dedication. Perhaps, this is because for the housed homeless people are mostly visible manifestations of public places: tapping for change outside tube stations, huddled from the rain in the underpass, shivering on park benches. To the mean spirited, they are shirkers not workers, skivers not strivers, an antisocial nuisance, an eyesore to be swept away with the morning rubbish. For the compassionate, they are eccentric and colourful local characters, fascinating case studies, the acutely vulnerable, saints of social exclusion, beatific objects deserving special care, attention or devotion. For clinical and support staff working with them they are often people-in-the-making, not quite fully formed and so neither doers but never quite done to, hovering on the edges of agency pending appropriate pathologization. They are moving diagnostic targets best caught in the giant net of the social care system, siphoned off into services to be correctly classified, monitored and treated, eventually to be reborn as bodily and socially sanitised souls. In the language of high-theory, homeless people are painfully raw instantiations of anthropologist Marry Douglas's (1966) 'matter out of place', epitomising society's symbolic threshold between the impure and the pure, or philosopher Giorgio Agamben's (1998) *homo sacer*, the included-excluded, simultaneously sacred and accursed, someone anyone can kill but no one can sacrifice.

For those of us supporting people experiencing homelessness, this theme of liminality is pervasive. Frequently, homelessness workers observe that those surviving on the

socio-economic margins appear also to inhabit various marginal psychical positions. The appalling Borderline Personality Disorder (BPD) becomes an all-too-easy catchall-category, for folk with unimaginably traumatic personal and pre-personal histories, whose current presentations of physical, social and geographical 'betweenness' is easily collapsed into characterisations of psychical 'betweenness'. Even if the BPD label is avoided, the trope of the 'psychical hinterland' is everywhere. For instance, clinicians working within a broadly Attachment Theory framework, speak of the predicaments facing the homeless in terms of compromised relational 'internal working models', disrupted by inadequate early attachment patterns, leading to categorisations of 'anxious-avoidant' or 'insecure' attachment 'styles'. Those within the Object Relations Tradition, might appeal to Henri Rey's (1994) powerful metaphors of the 'claustro-agoraphobic dilemma', 'marsupial space' and the 'brick mother', John Steiner's (1993) celebrated post-Kleinian proposal of 'psychic retreats' – the hypothesised refuge between the 'paranoid-schizoid' and 'depressive' positions – or more recently, John Adlam's and Chris Scanlon's psychosocial notion of the 'unhoused mind' (2019).

Rey's claustro-agoraphobic dilemma vividly dramatizes a very real life double-bind for many homeless people: the impossible choice between suffocation and imprisonment – either actually indoors or figuratively within close relationships – or abandonment and invisibility outdoors on the streets. In this paradigm, homelessness is considered an attempted solution to problems in psychical life by strategies of engagement with physical space. Existential sanctuary is sought in twilight modes of being, habitation in transient 'marsupial spaces', for example by forging – usually, at great emotional cost – fraught and fragile bonds with services functioning as surrogate 'brick mothers', whilst pathways are plotted and safe routes continually navigated, around the precipices of multiple psychosocial

frontiers. Lacanians could translate these metaphors in to their theoretical idiom, depicting homelessness as a response to dead-ends or blind-alleys in the registers of the Imaginary and Symbolic through 'constructions in the Real'. The homeless person might well be the emblematic figure of their concept of the 'ex-timate': someone whose life is lived in the manner of the external-intimate, muddling dichotomies of private and public, inside and outside.

I personally have to wonder, however, at such apparently impartial analyses of the psychic 'betweenness' of homeless people. This is risky, given how configurations of betweenness are highly prized in our age, avoiding rigid binaries, polarisation and splitting, alive to rich and evocative nuance, suggesting balance and the ability to simultaneously hold and think together multiple differences without imposing a suffocating sameness. To avoid misunderstanding, it is important to stress both that I am not dismissing the models of betweenness I am critiquing for their value in other clinical contexts, as well as their potential usefulness in many contemporary social and political upheavals. My sense, however, is that as a clinical moniker for specifically homeless subjectivities, betweenness in such forms is debasing and stigmatising, unwittingly furthering narcissistic projects of professional immunisation and social hygienics.

Are such analyses not the products of a profoundly ambivalent housed society, projections on to those enduring lives scared by economic oppression, where emotional survival comes at the cost of cultural disdain and social erasure? As a Laplanchean might ask, with such understandings do we not transmit deeply enigmatic messages around the meanings of homelessness – untranslatable messages – further alienating the already most alienated amongst us? Whatever way we parse the clinical pie with our theoretical speculations, in many of our expressions of betweenness we repeatedly distance and

disinfect ourselves, from the horrifically violent and abusive personal histories, legacies of intergenerational traumas and early experiences of multiple economic and social deprivations, overwhelmingly characteristic of the majority of homeless folks' stories.

Portraying, perhaps especially in the sublimated language of high-theory, certain members of our communities as socially and psychically lost, literally and metaphorically unhoused, enables sheltered clinicians to shore-up incipient anxieties around their own potential for physical and psychical dislocation. In the language we use to inform our clinical and social interventions – be it realist portraits, supposedly value-neutral 'empirical' and 'objective' clinical observation or the idealist speculations of high-theory – we constantly shame and abject the homeless, relegating them to the margins, betwixt and between, neither here-nor-there. Ultimately, such betweenness serves not as adequate social description, psychodynamic accounting or clinical diagnosis, but the betrayal of a need to police social distinctions, in Pierre Bourdieu's sense: the installation and regulation of 'proper' social, personal and epistemological distance. It ensures those of us working with the homeless whilst enjoying the privilege of a roof over our heads to keep a proper distance, to protect the property we fear losing most of all: our minds and our bodies.

At this stage, we ought to hear from the homeless themselves. What do they request when entering therapy? Of course, no different from anyone else, they request all sorts of things. Somewhere to start coming to terms with traumatic histories. Help to mourn loved ones. Questions around family bust-ups. Issues of sexuality and gender. A refuge to speak of voices and visions or idiosyncratic convictions. One thing however stands out. And that is the wish for a regular time and place to be left alone, in the company of another. Someone to just sit quietly with, who doesn't want anything from them. A break from the chatter of those they're currently bedding down with. Time out from the sour looks of commuters and

shoppers in urban centres. Not just another appointment with the carousel of social workers, project workers, housing officers, day staff, night staff, doctors, nurses, who all know best and who are all proposing different projects of 'rehabilitation' and 'recovery'. Of course, homeless people are frequently alone. Many can and do access long periods of elective isolation, taking-off or going-to-ground for many personal reasons. But this is not the same as the opportunity to be alone – genuinely alone – with another, even if that other is an experienced therapist.

I hope the allusion to Winnicott (1958) is unmistakable, because this is the crux of the case I am trying to broadly sketch today. It is not enough for adapting the therapeutic frame, that the therapist has a deep capacity for being alone themselves, especially during vast expanses of emotionally depriving and destitute transference-countertransference states, although I do believe this to be a vital precondition for anything meaningful to happen whatsoever. Neither is it enough to psychically house the other, symbolically hold and allow room for containment in the therapist's mind. The therapist has to risk as much as psychically possible, enabling the other to unhouse them, developing a capacity to 'cleave the other alone' in both senses of cleave simultaneously: creating a transferential space of therapeutic belonging and potential by the therapist radically severing and disconnecting themselves from themselves as a subject, thereby enabling the person experiencing homelessness to use the radically dispossessed therapist, as a means to tunnel back through to the world that has repudiated them.

By 'allowing the other to unhouse you', I therefore extend and radicalise Freud's familiar technical prescriptions of therapeutic 'neutrality' and the 'suspension of judgement', Bion's model of the 'container-contained', Winnicott's 'primary maternal preoccupation' or the general minimalisation of narcissistic self-interest recommended across a range of

psychoanalytic orientations. These are all 'between' trance-like states, on the edges of waking and dreaming, passivity and activity, therefore potentially recapitulating in the transference, the types of betweenness I am arguing characterises and detrimentally shapes how homeless people experience themselves via the messages they receive from the housed population. Likewise, it is insufficient to appeal to Jean-Francois Lyotard's notion, taken up psychoanalytically by Dominique Scarfone (2015) of 'passability', connoting an open-ended state of receptivity declining any imposition of meaning or interpretation, a concept perhaps resonant with aspects of the therapeutic encounter R.D. Laing might have found appealing. A first formulation of this position within the transference, might be as the 'therapist without qualities'. This however is still a liminal position, suspended between something and nothing, denoting primordial self-ownership, the person as minimally proprietorial. To be without qualities, or to be as much as possible divested of personal and professional narcissism, implies the persistence of a primary property, to which secondary properties or qualities can adhere: a nominal subjective 'home' that can be returned to when chosen.

An advance is to characterise the therapist as striving towards instantiating Bion's formulation of 'thoughts without a thinker' or, alternatively put, 'thoughts that think themselves', capturing a sense of subjectivity proprietorially divested because there is no primary property to be attributable to. Closer still, however, is Harold's Searles's (1986: 511) remarkable technical prescription for work with what he designates 'borderline' cases, that 'the *therapist* will develop – hopefully, to a limited, self-analytically explorable degree […] an area of countertransference-borderline psychosis or even countertransference psychosis', which we can hear as immobilising customary propertied distinctions between a self-enclosed subject and its symmetrically encased other. Faced with the socially and

symbolically annulled other, I am therefore proposing a transferential position that is a voiding of self as sovereign, where the negation of the therapist as proprietorial subjectivity intersects the socio-symbolic negation of the subjectivity of the other in a collaborative project of 'negating the negation', opening a new horizon of being-together.

By jettisoning subjectivity conceived as sovereign and self-possessive, notions of betweenness are rendered inoperative, since there ceases to be any distinct objects and, therefore, nothing to 'be between', side-stepping the false choice between privileging either a metaphysics of presence or absence, a politics of the same or difference. It is helpful, in reflecting on the political stakes of such a reconfiguration, to briefly conclude by naming Italian philosopher Roberto Esposito's (2010) recent work on community. Esposito dismantles philosophies of relationality by deconstructing the category of the proper in Western metaphysical and socio-political traditions, so belonging and relationality are no longer premised upon atomised subjectivities and conditions of togetherness on notions of having, taking or sharing in common, but instead upon debt and the mutual obligation to give. Previous models of belonging, such as Freud's group psychology, he regards as built upon exclusion or immunity rather than genuine inclusion or community. In Freudian terms, belonging is established narcissistically by a collective and lateral identification with a shared vertical ego-ideal in-common like a language, leader, ethos or territory. Esposito instead suggests an alternative, melancholic foundation for community and relationality, based upon an avowal of loss and a radical exposure to otherness, that is expropriative of possessive, sovereign identities. This mode of characterising how the therapist strives to be and to be-with the person experiencing homelessness, speaks powerfully to my transference-countertransference experience, of working clinically with those who have been socially erased.

I have suggested that the primary condition of extending psychoanalytic work to people experiencing homelessness, is achievable by an immobilisation of the category of the proper and all its avatars, an immobilisation that, crucially, must dovetail with a critique of the neoliberal socio-economic conditions that are largely if not exclusively the generators of homelessness itself and the barriers to successfully engaging the homeless clinically. Of course, a great many more questions remain unanswered and provoked than answered. Especially daunting, are questions around what it means to develop theory in the absence of proprietorial frames of reference, and in particular the consequences this has for the theorisation of subjectivity, questions I hope to be able to return to and to deepen in the future. Such theorising looks to reach beyond Object Relations and Relational Psychoanalysis, as well Developmental and Attachment Theories, whilst subverting Lacanianism, collapsing even their de-essentialised and displaced subject as an effect of language, the subject understood in Lacan's famous formulation of 'that which a signifier represents for another signifier'.

In articulating a genuinely inclusive psychoanalysis, we therefore have to start imagining the therapist conceived not as bearer of attributes, the possessor of certain properties, the technician of specific functions or guardian of a therapeutic frame, but instead as a breach of openness and self-exposure in an otherwise rapidly immunising and enclosing world, where this openness is understood not as being toward any one or particular others, but to otherness itself.

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