


PEER-REVIEWED ARTICLE

Empowering a feminist clinic: Challenging gender system oppressions in modern female subjectivities

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ABSTRACT

In the context of psychoanalytic practice, the relevance of challenging gender oppressions in modern subjectivities relies on engaging in meaningful dialogues with feminism. Drawing from our academic background in teaching psychoanalysis, gender studies, and feminism, as well as our experience as private practice analysts, this article presents ideas and reflections on an ongoing project—a feminist clinic in Michoacán, Mexico. The clinic’s goal is to uncover and challenge gender system oppressions that affect modern female subjectivities, with a particular focus on how gender-based violence shapes these experiences. The article is divided into three sections. The first section provides a historical account of the feminist clinic project, highlighting its social and political context. The second section explores the tensions and fluctuations between psychoanalytic theory and feminist activism, considering the contemporary struggles faced by women impacted by gender-based violence. It investigates how psychoanalysis and feminism can complement each other to create effective intervention strategies against women’s oppression. The third section analyses the potential of the feminist clinic project as a tool for both academic pedagogy and psychoanalytic clinical training, offering a new path to feminist activism called ‘subjective activism’.

KEYWORDS: feminism; clinic; gender-based violence; psychoanalysis; Michoacán

INTRODUCTION

Back in the 1970s and 1980s there was a significant theoretical exploration about the connection between psychoanalysis and feminism. However, in the present day, where countless women in Latin America suffer from violence due to machismo, it's time for practical action. That's where the idea of a feminist clinic in Michoacán, Mexico comes in—a form of subjective activism that can take place in counselling rooms and/or classrooms.

Let's go step by step.

While dialogues between psychoanalysis and feminism as theoretical frameworks have a long history in Global North countries like the UK, dating back to the 1970s with influential works such as Juliet Mitchell's *Psychoanalysis and Feminism* (1974) and others by Irigaray (1974/1985), Cixous and Clement (1975/1986), Gallop (1982), Burman (1994), Jacobs (2007), and Benjamin (1998) in the USA, or Brennan (1992) in Australia, the situation is markedly different in countries like Mexico, where such dialogues are still in their early stages.

One primary reason for this disparity is that each discipline remains in the Mexican academic context as subordinate knowledge, as discussed in Raúl Rodríguez Freire's (2005) thought-provoking essay: 'From disciplinary and subordinate knowledge toward the rise of lesser knowledge'. The term 'subordinate knowledge' refers to the intractable knowledge that emerges within a dominant system, 'which the dominant discourse cannot fully appropriate' (p. 60; our translation). While being in a subordinate position offers political advantages due to its resistant–oppressive dialectic nature (Foucault, 2020) and transformative potential, it also makes this position unseen and constantly at risk of fading away, rendering it fragile.

Moreover, it is important to consider that disciplines, often referred to as 'serious speech acts' (Dreyfus & Rabinow, 1982/1983), attain their privileged status in society based on their position within a network of other discourses. In the context of Mexican academia, both feminism and psychoanalysis find themselves as underprivileged serious speech acts. They have been overshadowed and marginalised by more privileged discourses. For instance, gender studies takes precedence over feminism, as noted by Mexican feminist Ana María Tepichín Valle (2018), while experimental psychology enjoys a more favoured position over psychoanalysis, as documented by Argentinian psychoanalyst Bertha Blum Grynberg (2012).

Besides sharing the status of subordinate knowledge, psychoanalysis and feminism face additional challenges rooted in their differing epistemological, theoretical, and political stances. These differences have hindered meaningful dialogues between the two disciplines in academic spaces, leading to their separate treatment as seemingly unrelated realms.

On one hand, orthodox psychoanalysts, who consider themselves experts in the exploration of the unconscious, often believe that their practice should remain detached from political influences and objectives. They view themselves as 'neutral' practitioners of

psychoanalysis, leading them to potentially disregard any external contributions that may have political implications, such as those stemming from feminism. This inclination to embrace the world solely through their psychoanalytic lens, as Fiorini (1977) highlights, can make them oblivious to other valuable perspectives on the unconscious.

On the other hand, feminist criticism of psychoanalysis emerged in the 1970s and onwards, particularly concerning female sexuality, sexual difference, and the representation of women and femininity in Freudian and Lacanian theories. Women analysts, such as Luce Irigaray (1974/1985) in France, Nancy Chodorow (1978) in the USA, and Ana María Fernández (1993), Silvia Tubert (1988), and Emilce Dio Bleichmar (1998) in Argentina have contributed to challenging Freud and Lacan's positions on women. These debates and critical discussions significantly impacted Latin-American women psychoanalysts, who began publishing their own writings from the 1980s onwards (Uribe de los Ríos, 2005).

However, according to Jane Flax (1990/1995), both psychoanalysis and feminism share more common ground than they may be willing to acknowledge. For instance, they both have a dual relationship with enlightened thinking:

As products of modernity, they strive to take the premises of enlightenment to their logical conclusions, but in doing so, they reveal its limitations and flaws. They question the lofty ideals of modernity, such as equality, universality, and rationality, and the unfulfilled promises of progress and happiness'. (Flax, 1990/1995, p. 8; our translation)

Additionally, both theories fall within the realm of critical thinking, and their investigations and theoretical developments focus significantly on exploring the differences between the sexes.

In recent times, it has become abundantly clear that despite their challenges and controversies (Martínez & Bolla, 2020), the connections between psychoanalysis and feminism serve as fruitful and powerful critical tools to address the modern issues faced by women, particularly in the context of gender-based violence, which remains rampant in Mexico and demands significant attention. Thus, it is concerning and even symptomatic that these disciplines are not regularly taught in tandem within Mexican academia.

However, some steps were taken at Michoacana University of San Nicolás de Hidalgo (Michoacán, Mexico), referred to as UMSNH henceforth, to challenge the divisive treatment of psychoanalysis and feminism in academia, which seemed to follow the political strategy of 'divide and rule'. In 2012, a new academic postgraduate program was established titled 'Master's Degree in Psychoanalytic Studies' and it introduced a compulsory subject named 'Psychoanalysis and Gender Studies' (one of the authors of this article has been heading this subject since then). It's worth noting that the use of the term 'gender' instead of 'feminist' in the title resulted from prolonged and historically rooted debates. These debates exposed tensions between the political and scientific aspects inherent in both terms. According to Joan Scott (1996), using 'gender studies' allows for better alignment with 'social sciences scientific

terminology' (p. 6), 'granting it academic legitimacy but potentially diminishing its political strength' (Tepichín Valle, 2018, p. 97). The book *Del Sexo al Género: Los Equívocos de un Concepto* [From Sex to Gender: The Ambiguities of a Concept], edited by Silvia Tubert (2003), offers an in-depth exploration of such debates.

In each of the five generations that have studied the Master's degree in psychoanalytic studies to date, there has been at least one research project that embraces within its theoretical framework the psychoanalysis–feminism dialogue and which one of the authors of this article has had the opportunity to supervise. Titles of such investigations are: 'The corporeal gaze in the "She-devil". A clinical case study from psychoanalysis and radical feminism', 'Sexuality, body and territory. Femininity political dimensions', 'The symbolic representation of the womb, towards the subjective reconstruction of femininity', 'Notes for the construction of a psychoanalytic clinic of the difference', and 'The subjectification of mourning in women who have lost an unborn child'.

The latter aims to demonstrate that a new realm of thought and research in Michoacán, Mexico, is currently under examination, with dialogues between psychoanalysis and feminism playing a crucial role. This marks the significant starting point for the narrative of the feminist clinic.

THE SURROUNDING REALITY OF THE FEMINIST CLINIC

Gender-based violence against women in Michoacán. Some contextual data

Michoacán is grappling with a distressing level of violence against women. According to reliable journalistic sources (Flores, 2023), tragically, a woman or girl is killed every 33 hours, and femicide rates have alarmingly increased by 70% in 2022. According to the Prosecutor's Office for Investigation and Prosecution of intentional homicide against women and femicide, during 2021 there were 26 feminicides, while in 2022 there were 44 cases (Flores, 2023).

The National Survey on the Dynamics of Relationships in Households (2021) reveals that approximately 64.9% of women surveyed in Michoacán have experienced some form of violence at some point in their lives. Psychological violence is the most prevalent at 49.5%, closely followed by sexual violence at 39.9%. Within these incidents, domestic relationships are the most vulnerable, accounting for 42.6% of cases, with community spaces contributing to 34.7% of occurrences.

Furthermore, the National Data and Information Bank on Cases of Violence against Women (BANAVIM, 2023), a comprehensive database aggregating data from various instances dealing with gender-based violence, reports that as of June 2023, Michoacán has registered a

staggering 65,744 cases, with male aggressors involved in 39,235 of these cases. Once again, psychological violence emerges as the most prevalent form of aggression, primarily perpetuated within family settings.

Gathering data at the local or municipal level is a complex task, but the Municipal Women's Institute for Substantive Equality carried out in 2020 a diagnosis of gendered violence, in which 589 women between 26 and 65 years of age were surveyed. When asked if in the last year any of them had ever experienced discrimination or violence, 40.7% answered yes, indicating that psychological violence was the most experienced, with 38% having experienced it at some time (IMUJERIS, 2021).

When comparing all the data mentioned earlier, it becomes evident that psychological violence remains the most prevalent form of violence, not only in Michoacán but also at the municipal level in Morelia. This finding underscores the urgency to develop intervention strategies targeting this specific area, which will be discussed further in the next section.

Feminist activism within universities

One of two other significant phenomena which are intertwined with the context of the feminist clinic project is the rise of feminist activism within universities. In response to the distressing prevalence of sexual violence, particularly harassment against women and marginalised individuals, and the inadequate or non-existent institutional responses, women students decided to take matters into their own hands. This trend was not limited to Michoacán, as it reflects a broader effect seen across Latin-American universities. At UMSNH, more than 10 feminist collectives, such as 'Intruders Network: An Interuniversity Feminist Network against Sexual Violence', 'Matryoshkas', 'Green Tide Michoacán', 'Shameless', and 'Butterflies Revolution', along with other individual students, initiated a movement known as 'The Clothesline'. They hung clotheslines within the university premises (in halls, courtyards, and main entrances), displaying the names of individuals involved in sexual harassment and sometimes accompanied by accounts of the incidents. This protest mechanism gained popularity around 2019, coinciding with a significant surge of feminist mobilisations in various Mexican universities. It's important to mention that this mechanism originated in the field of art and was conceptualised by Mexican feminist artist Mónica Mayer. The concept was first presented in 1978 at the Museum of Modern Art in Mexico City during the exhibition 'Salon 77–78: New Tendencies', merging art with politics (Mayer, 2015).

The Clothesline's political power brought about tangible transformations, diverging in two significant directions. Firstly, there were institutional changes concerning the official responses to students' complaints. At UMSNH, a new area called the General Coordination for Gender Equality, Inclusion, and Peace Culture was established in June 2023. Additionally, the Office for the Defence of University Human Rights was introduced, with female

psychologists providing assistance from a gender perspective. These changes were mirrored at the National Autonomous University of Mexico, which operates a campus in Morelia, Michoacán.

The second direction refers to the Clothesline itself, serving as a powerful tool to strengthen feminist alliances among students. It has enabled feminism to evolve from being confined to a small group (ghetto) to becoming an integral part of everyday conversations. Discussions about feminism are now pervasive, and sexual harassment complaints—whether formal or informal—have become unstoppable. These developments represent substantial strides forward in addressing gender-based violence and fostering a more inclusive and supportive environment.

Demand for psychoanalytic treatment

The second relevant phenomena infusing the feminist clinic project is the growing demand for psychoanalytic treatment. The need for such treatment has increased considerably, reflecting a societal call for addressing mental health concerns and emotional wellbeing. As the demand rises, it emphasises the importance of establishing intervention strategies and spaces, such as the feminist clinic, to respond effectively to women's contemporary malaise in the face of gender-based violence, a prevalent issue in Michoacán. While no formal research has been conducted on this matter yet, there are noticeable indicators based on personal communications. Fellow analysts have expressed their experiences regarding the intensity, rhythm, and frequency of their practice, with some mentioning that they currently have a high number of patients on their analysands list. Within the feminist network to which we (the authors) belong, it has become commonplace to discuss how clinical work is increasingly viewed as a sustainable way to earn a living, whether as a full-time or part-time occupation.

It is important to note that, despite the recent establishment of the feminist clinic as a collective project, one of the authors has been actively engaged in feminist listening in Morelia, Michoacán for over 15 years, while the other author has contributed for six years. It has been a space where, up until now, the consistent and precise quantification of women being heard has not taken place. This is because we do not function as a free governmental service, where the sole focus often lies in presenting numbers for reporting purposes or acquiring accolades, as if addressing violence were a commodity for sale.

In the listening space we provide, the goal is not to accumulate more patients for increased income, nor is it solely centred on quantifying the number of women seeking to be heard. Such an approach would overlook the individual history and context of the person seeking care. The commitment to conducting this work within a private listening space transcends mere politics and the quantification of women. It constitutes an exercise that enables the

politicisation of our listening process and delves into the shared history of the analysands involved. However, it is important to highlight that the absence of a numerical count for women seeking this attention thus far does not negate our awareness of the growing demand for this line of work. The limitations in available time slots in our schedules underscore the necessity for further training and collaboration with other colleagues to meet this increasing demand.

Furthermore, we can glean insight from the average number of analysands that each member of the feminist clinic project (15 members in total) attends to on a weekly basis. It appears that analysts within the project typically see between five to 10 analysands per week. These indications collectively hint at the rising demand for psychoanalytic treatment and the recognition of clinical work as a viable professional avenue.

We believe that feminist activism in universities and the increasing demand for psychoanalytical treatment are indirectly and intricately connected. However, how do they relate to each other?

Feminist mobilisations have played a crucial role in bringing attention to the issue of violence against women, especially within romantic relationships, highlighting that such violence is neither normal nor natural and can be brought to an end. These movements have sparked a conscious awareness among young women, empowering them to challenge their experiences in violent relationships (as indicated by statistics that reveal a prevalence of psychological violence). They are now willing to question whether different, freer forms of intimate and sexual relationships, particularly with men, are attainable. This newfound courage to challenge and question is being expressed both collectively on the streets, particularly during the impactful feminist marches on March 8, 2020 (before the COVID-19 pandemic) and that of 2023, and individually within psychoanalytic consulting rooms. A shift away from domination and an acknowledgment of alterity (Benjamin, 1988) mark the new starting point and horizon for these women.

TENSIONS AND FLUCTUATIONS BETWEEN PSYCHOANALYTIC THEORY AND FEMINIST ACTIVISM: INTRODUCTION TO SUBJECTIVE ACTIVISM

When we hear the term ‘feminist activism’ the image that often comes to mind is a group of women marching in the streets, holding banners, and passionately voicing their demands. These demonstrations may include actions such as painting walls, breaking windows, or blocking access to certain areas. In response to such scenes, conservative elements of society may criticise these acts as vandalism or even accuse activists of violating human rights or making unreasonable demands.

For feminism as a form of activism, mobilisations and street protests have been fundamental tools. Throughout history, women have engaged in collective social actions to advocate for the recognition of their rights and the prioritisation of their wellbeing within the State and culture. These efforts have been challenging, but they have yielded significant results, especially at the societal level. These struggles have contributed to women being acknowledged as civil subjects and have granted them access to voting rights, education, healthcare, employment, and security, though the full guarantee of these rights remains an ongoing battle.

Considerable progress has been made in advancing human rights, particularly in the incorporation of a gender perspective into social policies and academic programs within universities. There has been a push for institutionalised compensatory measures and the promotion of positive discrimination to prioritise the wellbeing of women in all aspects and environments. These actions have proven to be valuable and effective.

However, it is becoming apparent that solely taking to the streets and occupying public spaces may not be sufficient to dismantle patriarchy and its violent gender-based oppressions. Protesting against patriarchy and sexism requires a dual approach: at the macro level, challenging social gender inequalities by taking to the streets and engaging in public demonstrations, while at the micro level, depatriarchalising the unconscious through personal introspection within the confidential setting of psychoanalytic consulting rooms. Argentinian psychoanalyst Patricia Gherovici (2017) emphasises the importance of delving into personal histories to address the unconscious impact of patriarchal norms (depatriarchalise the unconscious).

Now, let's examine some examples from the public sphere to demonstrate how, from a feminist perspective, the State functions more as an administrator of gender-based violence, inequalities, and male domination rather than an effective agent for mitigating and eradicating them. This reinforces the argument for the necessity of integrating psychoanalysis clinically and academically with feminist theory when addressing the experiences of modern women subject to violence.

When a man faces punishment from the justice system or the university's Office for the Defence of University Human Rights for being identified as an aggressor, such actions do not necessarily indicate that he has ceased reproducing violence. Conversely, when a woman decides to report an incident of violence to a justice officer or to the gender units within universities, she often experiences re-victimisation from those receiving the reports. They may inquire about her appearance, the timing, or her activities during the incident, even if they have received training on gender perspective or have knowledge of protocols and care guidelines for victims. This treatment does not necessarily mean that her case is being handled in full accordance with the law.

A social support program aimed at women, or providing scholarships for single mothers where they receive financial assistance per child, could inadvertently encourage them to return to traditional roles in the private sphere and lead to an increase in childbirth. This can be attributed to their economic reliance on such support, reinforcing the mother/housewife role. Similarly, providing credit for entrepreneurial ventures to women or young female students with the intention of 'empowering' them can sometimes expose them to economic violence from their partners or family members, who may take away, control, or limit their access to money.

In line with sexual education social policies, the prevention of teenage or unwanted pregnancies is a major concern for the Mexican government. According to journalistic source the *Informant* (Llamada, 2023), Mexico holds the dubious distinction of ranking first among OECD (Organization for Economic Cooperation and Development) member countries with the highest rate of teenage pregnancy in the world. The typical institutional response to address this issue involves organising sexual health fairs in middle and high schools, where contraceptive methods are freely provided to young people. However, this approach fails to address the root of the problem, as it overlooks the individuals (often male) responsible for committing abuses or rapes, leaving the oppressive structure intact. Furthermore, there seems to be a prevalent belief behind the sexual health fairs strategy that these pregnancies are solely a result of a lack of education and irresponsibility on the part of women, further perpetuating harmful stereotypes.

All these examples illustrate how patriarchy influences power structures across all social domains. It employs sex as the biological basis for gender, resulting in the construction of a societal framework where women are positioned as domesticated beings, shaped through social interactions with men, who hold dominant roles (Rubin, 1975).

Additionally, these examples highlight that the internal impact of patriarchy, which encompasses the psychic reality and human subjectivity, is not directly and precisely addressed by governmental or university public policies, or even by legal measures. Instead, what truly affects female subjectivities, as discussed in previous sections, is feminism and its application in the field of psychoanalytic practice, whether in an academic or clinical context. The transformation of female subjectivities occurs through the lens of feminism and is experienced within the realm of psychoanalytic listening and engagement.

The effects of gender-based violence that we observe in the bodies and subjectivities of women, which we describe based on our experiences in the clinical space, often include feelings of fear, anguish, changes in eating and sleeping habits, low energy levels, nervousness, profound sadness, self-absorption, and a sense of helplessness. Other common responses include indecision, anger, frustration, suicidal thoughts or tendencies, feelings of paranoia or persecution, insomnia, impulsivity, low self-esteem, distrust of both themselves and institutions, social isolation, guilt, and difficulties in making decisions or planning for the

future. It is essential to highlight that some patients seek psychoanalytic help after previously receiving psychiatric treatment where their distress was medicalised.

All of the symptoms described above are consistent with Inmaculada Romero's (2011) account in 'Unveiling gender-based violence'. She highlights the various ways in which women can be adversely affected after constant exposure to violent situations. Based on her experiences, it is common to observe a decline in the critical awareness of the experienced trauma, leading to a numbing effect. Additionally, she notes a deterioration of self-esteem, feelings of confusion and hopelessness, fear, episodes of amnesia, dissociation, depersonalisation, paralysis, emotional distance from others, disturbances in both internal and external relationships, and a sense of despair. Remarkably, some women even find themselves concerned for the wellbeing of their aggressors and may develop a series of justifications for their actions.

We dare to say that these symptoms are often just the beginning, as gender-based violence can also wreak havoc in women's immediate surroundings, including their workplace or educational environments, if they have any. The effects of violence may disrupt their routines and hinder their ability to thrive in those spaces. Absenteeism, a lack of focus on activities, or even abandoning them altogether are among the significant disruptions women may experience in their lives.

Discussing the experiences shared in the listening space, and interconnecting them with the broader social and political context, whether within an academic setting or clinical training, is crucial. It allows us to shed light on the realm in which female patients navigate and confront their challenges. This information becomes essential in evaluating how well clinical practices align with the theories that underpin them, as well as with the techniques, paradigms, and principles they adhere to.

It is crucial to emphasise that the experience of those who engage in listening, particularly within the realms of feminism and psychoanalysis, is a form of knowledge that holds valuable insights about women's experiences. Engaging in dialogues about this knowledge and women's lived experiences opens up possibilities for constructing new ideas, reevaluating how we relate to others, and analysing the complex intersection of power and womanhood. It offers an opportunity to develop theories that align with women's desires, address the societal issues that impact them, challenge the structures of oppressive systems they face, and combat the violence they endure. This approach aims to move away from psychological or pathologising perspectives and, most importantly, rejects the establishment of fixed ideas about sexual difference and the harmful consequences that come with it.

It is important to note that the psychoanalytic description of the unconscious, including the topographical, structural, and dynamic hypotheses, as well as the genetic model and phases of psychosexual development, such as the castration complex, Oedipus complex, phallic stage, and pre-oedipal relationship with the mother, among others, can be understood

through the lens of experiences encountered in listening and clinical work in particular contexts and temporalities.

Not discussing what occurs in clinical spaces with women-feminists, whether from the perspective of the listening ear or the voice that speaks or sings, could be seen as a form of repression to uphold concepts that are considered normative within psychoanalytic theory. These concepts might also be seen as a point of intersection between psychoanalysis and feminism. It is crucial to reevaluate whether these concepts remain relevant for practice and the current context. Women, as citizens, are actively demanding that psychoanalytic theory and the academic institutions that support it take their voices and experiences into account. This demand presents an opportunity to transform subjectivity and contribute to the development of a feminist clinic. Therefore, it is vital to listen to and acknowledge the words and experiences of women, honouring the female territory, and not repressing them by omitting or excluding them from the theoretical framework.

Let's consider the feminist movement and its various branches or feminisms and compare them with psychoanalysis, which was established at the end of the 19th century and the beginning of the 20th. Historically, psychoanalysis did not provide space for femininity, often relegating it to the realm of darkness, strangeness, or otherness. This was due to the way psychoanalysis defined the psychic consequences of sexual difference and categorised each sex as normal or abnormal based on these definitions.

Psychoanalytic theory has historically been rooted in a normalising, heterosexual, and patriarchal view of sexual difference, influenced by prevailing social norms. This perspective could still influence how the field addresses subjectivity and the demands of female citizenship today. However, recognising the need for change, a female exchange group can play a vital role. In this group, women can come together to reflect, share their experiences, and propose intervention strategies that align with the political stance of feminism. The power of listening, whether in individual or collective spaces like classrooms or consulting rooms, can lead to alliances and subtle yet impactful structural and social transformations, even if they may not be immediately apparent to patriarchal and hegemonic perspectives.

In conclusion, psychoanalysis and feminism have become and can be a dynamic duo that extend beyond academia and delve into praxis, where subjective activism takes place.

THE FEMINIST CLINIC PROJECT IN ACTION: MOVING TOWARDS SUBJECTIVE ACTIVISM

By subjective activism we are referring to a tool that delicately and cautiously enables the penetration of social structures and defence mechanisms ingrained in subjectivity. Through the joint application of this tool in spaces of both individual and collective listening, we have

successfully articulated in language the patriarchal influences and violence embedded in the symbolisation of anatomical differences between the sexes—effectively engaging in subjective activism. This entails moving beyond the violence often identified by the physical marks it leaves on the body or the firsthand accounts that allude to it. Conducting a clinic from a feminist perspective addresses areas where the State and public policy fall short. This is because they overlook (or dismiss) the intricate connection between the articulation of sexual difference and the oppression of the phallogocentric system. Subjective activism enables us to recognise the impact of symbolic violence, as subjectivity itself is gendered, even if it may not appear so initially. It is crucial to assert the unconscious, just as society asserts itself.

At the end of the 19th century, psychoanalytic theory had limited understanding of female sexuality and femininity, often portraying them as dark and ominous. Sexual differences were viewed through a narrow lens, reflecting a normative, heterosexual, and patriarchal perspective. This outlook was unsurprising given the social and cultural norms of that era. However, our current time stands in stark contrast as the epoch of feminism.

As discussed in previous sections, feminism has become an integral part of daily conversations, a social bond, and a prominent topic in social networks. Moreover, it has given rise to a new subjective female position. Consequently, if we, as analysts, are to embrace Lacan's (1953/1988) assertion that 'He who cannot unite to his horizon the subjectivity of his epoch had better renounce. For how could he make his being the axis of so many lives if he knew nothing of the dialectic that launches him with those lives in a symbolic movement' (p. 309; our translation), then psychoanalytic practice cannot exist in isolation from feminism.

While pondering these ideas, a clear need emerged: to establish a female exchange group where women can come together to reflect, share their experiences, and develop intervention strategies that align with the political ideals of feminism. This led to the creation of the feminist clinic, which officially came into being on May 24, 2022, just over a year ago, initially through WhatsApp.

One of the authors of this article is responsible for the idea. She included in the group students and supervisees, whether or not they had prior academic contact, as long as they showed interest in feminist psychoanalysis. The main argument for forming the group was as follows: 'I took the liberty of starting this group with the intention of providing a meeting place for colleagues and friends who share an interest in integrating feminist elements into clinical psychoanalytic practice. You are all practicing clinicians, and it appears from our various conversations that we are keen on exploring new ways of providing clinical care that better addresses the significant need for women's voices to be heard. Let's create a school of thought and devise a specific method—wouldn't that be wonderful? This is just the beginning, and it's crucial for all of you to get to know each other because, as I'm sure we all agree, the path to women's liberation can only be forged collectively.'

The response to this idea was immediate and enthusiastic as participants accepted the challenge and joined the WhatsApp group. The feminist clinic materialises through three simultaneous positions: that of being a woman, being an analyst, and being an analysand.

The group currently consists of 15 women aged between 25 and 60. Eighty percent of them reside in the city of Morelia, and, most importantly, all participants identify as feminists. Meetings are scheduled per semester, initially established as virtual sessions every 15 days. However, a guiding principle for these meetings is flexibility and willingness. Participants are not obligated to attend every session, nor is their participation contingent on consistent attendance. It is crucial for those who are part of it that the space adapts to their needs. As mentioned earlier, reproducing capitalist and colonialist oppressive dynamics or quantifying sessions is not of interest. The significance of the meeting lies in what is woven from the possibilities of each participant, as each contributes uniquely since despite sharing mutual concerns, ideological beliefs, and professional interests, there is an implicit understanding that each woman involved in this project is unique. They come from different ages, backgrounds, and sexual identities, and they vary in their levels of experience and exposure to psychoanalysis and feminism. This diversity has enriched the journey, which openly revolves around women and femininity.

Of course, with such diversity, tensions are inevitable, as eloquently addressed by lesbian black feminist Audre Lorde (1984). Nevertheless, this collective has provided a space for women analysts to come together, introspect, and reflect on themselves and others. They discuss their own self-ideals and those of other women, as well as how societal expectations model their responses to the great Other.

In the feminist clinic, participants have engaged in three primary areas of work: (1) sharing case reports and offering supervision; (2) reading materials from feminist psychoanalytic authors; and (3) developing a feminist psychoanalytic epistemology and methodology. Through these activities, they have become more self-assured in expressing their doubts and insecurities and reflecting on their personal histories and the stories they hear from others. This process has helped them realise that their experiences and desires are not dictated by established norms or external narratives.

We have started developing a proposal that centres around collective care for life and its support through interconnected networks. This effort has led us to raise several important questions, stemming from the needs of analysts themselves. Some of these questions include: How can I enhance my clinical practice? How do we form supportive groups without relying on authority figures? What language do women use to describe their experiences and discomforts? How do self-care and feminist networks intersect? What is taught in psychological and psychoanalytic training, and are there safe spaces for women? Who typically establishes clinics first, men or women? How are female teachers or analysts utilised, and for what purpose—to distress or to support women? How is knowledge attributed

differently to men and women, and whose knowledge is given more significance? The list of questions will continue to expand, along with our pursuit of answers to them.

In particular, we want to emphasise the genuine interest in understanding how to address gender-based violence, although it's important to acknowledge that the term 'gender' often replaces what should more accurately be termed as 'macho violence'. Let's go back to the main idea. There are questions surrounding this phenomenon: Why are we now considering how it impacts women's lives and if this can influence them as analysts? How can they help others who are dealing with their own violence, power struggles, and feminist struggles?

We've brought up the importance of considering women's narratives and emotions, challenging the notion that violence does not exist in non-feminist clinical settings or even within feminist circles.

Another crucial point that has emerged is the significance of the listener's political position. This goes beyond the analyst's personal desires but involves their broader political stance in the world. This position enables them to listen to women with a deeper understanding, as the feminist analyst's listening is also an act of advocacy and resistance.

The subjective activism pursued in the feminist clinic might not be as apparent as the activism seen on the streets, but it holds equal power, importance, and necessity. It could be the key to addressing some of the unresolved issues that women and feminism face. We must start acknowledging it, making it visible, and giving it the recognition it deserves.

FINAL THOUGHTS

The statistics on gender-based violence in Michoacán, Mexico, are alarming. Many women are exposed to or have experienced various forms of violence, with psychological and sexual violence being the most prevalent. Faced with this alarming situation, the government and the institutions responsible have provided inadequate responses or even worse, pretend they care when what the only real thing they are doing is administrating pain. They focus on addressing issues under rigid and limited protocols that prescribe a specific number of sessions, which is insufficient to encompass the magnitude of the subjective process involved in reworking lived trauma. Moreover, the patriarchal root of the problem remains untouched.

On the other hand, the Master's degree in psychoanalytic studies at UMSNH has nurtured professionals, researchers, and clinicians. Some of them, identifying as feminists, have expanded the horizons of their practice to conceptualise a form of clinical intervention that can support women and men in the destitution of their patriarchal unconscious. This approach aims to provide a space for listening to the patriarchal wound.

The feminist clinic aims to bring together women analysts, patients, and those who identify as feminists to discuss three main areas: (1) sharing cases and providing support; (2) studying works by feminist psychoanalysts; and (3) developing a psychoanalytic approach that incorporates feminist elements. The goal is to provide psychoanalytic treatment that helps women affected by macho violence and gender oppression by working towards dismantling patriarchal influences and even decolonising the way we think.

The reason behind this initiative is that traditional educational and legal institutions have failed to address the issue of violence against women effectively. The State's efforts are lacking, and programs that attempt to empower women through financial support or similar means often fall short in creating genuine transformation.

A feminist clinic, led by feminist analysts, is decisive because it fills a social void and addresses an urgent human need, particularly in oppressive contexts such as Michoacán. It is committed to developing subjective activism as an effective tool to really challenge the oppressive forces that have forged human existence. The ultimate aim is for more women to be living vibrant lives, driven by their desires, focused on understanding their contradictions, increasing their knowledge and their freedom, and embracing the mysteries of love, rather than being dominated by the anxieties stemming from male power and domination.

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