

THE SUBJECTIVE URGENCIES OF UNIVERSITY STUDENTS: THE CONSTRUCTION OF A TEMPORAL DEVICE

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ABSTRACT. This paper aims at presenting the results of a research the objective of which is to understand how we can receive the subjective urgencies of students in the university context. The research was based on the clinic experience developed in a university service dedicated to the mental health of students. The methodology of constructing the clinical case by clinical conversations based on psychoanalysis, together with semi-structured interviews, allowed us to delimit the function of the welcoming device of the subjective urgencies of university students. In the results, we found that students – mostly between seventeen and twenty-five years of age – presented experiences not directly related to academic difficulties, but to an uneasiness due to their personal life that the academic routine seems to flare. Thus, a discussion about the notion of subjective urgencies based on a psychoanalysis of lacanian orientation was developed. It is understood that subjective urgencies point to something that irrupts in the subject's life bringing about angst. It is necessary that the subject finds a moment to elaborate about it. In our experience, we concluded that the service dedicated to students has the role of being a temporal device by considering the 'instant of seeing' so that the 'time to understand' opens up. And, from this opening, a forcing of a 'time to conclude' that allows a reframing of the experience of the student as a subjective urgency that needs to be treated.

Keywords: Mental health; university students; subjective urgencies.

AS URGÊNCIAS SUBJETIVAS DE ESTUDANTES UNIVERSITÁRIOS: A CONSTRUÇÃO DE UM DISPOSITIVO TEMPORAL

RESUMO. Este artigo se propõe a apresentar os resultados de uma pesquisa cujo objetivo é entender como podemos acolher as urgências subjetivas de estudantes no contexto universitário com base na experiência clínica desenvolvida no serviço de uma universidade destinado à saúde mental de seus alunos. O método da construção do caso clínico por meio das conversações clínicas, baseado na psicanálise, juntamente com entrevistas semiestruturadas nos permitiram cernir a função do dispositivo de acolhimento em saúde mental de estudantes universitários. Encontramos como resultado que os estudantes – em sua maioria, na faixa entre 17 e 25 anos – apresentam vivências não diretamente relacionadas a dificuldades acadêmicas, mas a um mal-estar decorrente da vida pessoal que o encontro com o cotidiano universitário parece deflagrar. Desenvolveu-se, portanto, uma reflexão sobre a noção de urgências subjetivas baseada na psicanálise de orientação laciana. Entende-se que as urgências subjetivas dizem respeito a algo que irrompe na vida do sujeito e que faz com que a angústia emerja. É preciso que o sujeito encontre um

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tempo para elaboração, e conclui-se, a partir de nossa experiência clínica, que o serviço destinado à saúde mental dos estudantes tem a função de ser um dispositivo temporal por propiciar um acolhimento do instante de ver para que se abra o tempo de compreender. E, a partir dessa abertura, um forçamento de um tempo de concluir que permite ressignificar a experiência do estudante como uma urgência subjetiva que precisa ser tratada.

Palavras-chave: Saúde mental; estudantes universitários; urgências subjetivas.

LAS URGENCIAS SUBJETIVAS DE ESTUDIANTES UNIVERSITARIOS: LA CONSTRUCCIÓN DE UN DISPOSITIVO TEMPORAL

RESUMEN. Este artículo pretende presentar los resultados de una investigación en la que tuvimos por objetivo entender cómo podemos acoger las urgencias subjetivas de estudiantes en el contexto universitario, basándonos en la experiencia clínica desarrollada en un servicio de la universidad dedicado a la salud mental de sus alumnos. El método de construcción del caso clínico a través de conversaciones clínicas basadas en el psicoanálisis, junto con entrevistas semiestructuradas, permitió comprender la función del dispositivo de acogida de las urgencias subjetivas de los estudiantes universitarios. Encontramos como resultado que los estudiantes, que en mayoría están en la franja etaria entre 17 y 25 años, presentan vivencias que no se relacionan directamente a problemas académicos, sino a un malestar derivado de su vida personal que parece desencadenar el encuentro con la vida universitaria. Se ha desarrollado, por lo tanto, una reflexión sobre la noción de urgencias subjetivas basadas en el psicoanálisis, específicamente de orientación lacaniana. Se entiende que las urgencias subjetivas atañen a algo que irrumpe en la vida del sujeto que hace que aparezca la angustia. Se hace necesario que el sujeto encuentre un tiempo para elaboración. Se ha concluido, a partir de nuestra experiencia clínica, que el servicio dedicado a la salud mental de los estudiantes tiene la función de ser un dispositivo temporal al proporcionar una acogida del instante de ver para que se abra el tiempo de comprender. Y tras la apertura, forzar un tiempo de concluir que permite ressignificar la experiencia del estudiante como una urgencia subjetiva que necesita tratamiento.

Palabras clave: Salud mental; estudiantes universitarios; urgencias subjetivas.

Introduction

The psychological suffering and mental health of university students have been discussed for a long time. Initially, studies developed in Europe and the USA at the beginning of the 20th century. In Brazil, the first studies emerged only in the second half of this century, when there was an expansion in the creation of universities. More recent research addresses the issue nationwide, highlighting the high rates of psychological distress in university students, such as recurring cases of depression and suicide, as demonstrated by Brito (2017) in her doctoral thesis.

Although the focus of the aforementioned research refers to students in the health area, the results are consistent with studies that deal with the topic more broadly, that is, that students go through a phase of psychological vulnerability when faced with everyday university life. Psychological issues are not directly related to academic problems, but to a phase of life, in which they face a moment of transition, decisions and conflicts, uncertainty about the future, and separation from family ties. In this way, the author focuses on the

importance of interventions in the field of mental health with university students, including psychological listening (Brito, 2017).

Other studies also point to important findings. We highlight some of them.

Epidemiological studies indicate that psychopathological conditions are more likely to appear for the first time during the university period, highlighting that the high demand for psychological treatment at the institution is in line with the students' stay at universities (Malajovich, Vilanova, Tenenbaum, & Velasco, 2019).

Another result concerns research carried out by the Forum of Pro-Deans for Community and Student Affairs (Fonaprace) regarding the socioeconomic profile of students at federal universities. There is an increase in the rate of students experiencing psychological distress, from 36.6% in 2003 to 47.7% in 2010 (Padovani et al., 2014).

In 2016, a survey was published by the National Association of Directors of Federal Higher Education Institutions (Andifes), which stated that 30% of undergraduate students at federal universities sought psychological help and 10% used some psychiatric medication in 2014. Other research points out similar data in community universities. According to Fonaprace, in 2014, 58% of students interviewed at community universities declared they suffered from some type of anxiety (Padovani et al., 2014).

To highlight the current context due to the Coronavirus Disease (COVID-19) pandemic, which took hold around the world in March 2020, studies show that this suffering continues to gain prominence. A recent survey, entitled 'Youth and the Coronavirus Pandemic' and developed by the National Youth Council, in partnership also with the United Nations Educational and Scientific and Cultural Organization (Unesco) and the Roberto Marinho Foundation, showed that the main educational and learning difficulties reported by young people are not due to the lack of technological equipment to attend classes, but rather to emotional balance, the difficulty in organizing distance learning and the absence of a peaceful environment at home, and that 60% of young people argue that colleges and schools should prioritize emotional work with students. Anxiety, boredom, and impatience were highlighted as the most present feelings during social isolation. Reception appears as the most positive feeling, a feeling that can be combined with both family life and remote interactions. 9 out of 10 young people want to return to face-to-face classes at colleges and schools (Conselho Nacional da Juventude[Conjuve], 2020).

In addition to these findings, it is necessary to take into account the formal requirements of the Ministry of Education (MEC) via the Assessment Instrument for In-person and Distance Undergraduate Courses. This instrument subsidizes the acts for authorization, with indicator 1.12 'Student Support'—referring to Dimension 1, which deals with the didactic-pedagogical organization—an important aspect to be evaluated (Brasil, 2017).

The higher education institution in which we developed our research is not indifferent to the problems of students' mental health. This institution offers an intervention proposal that seeks to receive university students in subjective urgency.

About the Device for Receiving Subjective Urgencies of University Students

Currently, the researched device for welcoming students is carried out at the School Clinic of the Psychology Program. It is a specific listening session, carried out by three scholarship interns and a volunteer monitor from the Psychology Program under the guidance of a professor. The objective has been to welcome and support students who need intervention in the field of psychology. When fellows and supervisors consider that there is no subjective urgency—the subject of this article—, students are referred to services outside

the institution, such as social clinics or professionals who have graduated from the university. When considering that, in this case, there is a need for subjective urgency work, which has been internally called 'priority cases', students using the device are attended to for a period of around 4 to 16 sessions and, then, referred to external care, in social clinics or professionals who have graduated from the university.

In addition to students looking for the device, there are cases referred by program committees that reveal a concern for the student who presented bouts of anguish, outbursts of aggression, and/or crying in the classroom. Importantly, cases of the diagnostic hypothesis of psychosis also occurred, both regarding students who voluntarily sought the service and regarding students referred by the collegiate.

In 2018, 407 students were welcomed. Among them, 66 were considered priority cases and were treated for an average of 4 to 16 sessions, with subsequent referral to professionals outside the university. In 2019, there was an increase in the number of students welcomed, totaling 472. Among them, 107 were treated for an average period of 4 to 16 sessions, as they were considered priority cases, and also with subsequent referral to external professionals. We emphasize that approximately 85% of students are between 17 and 25 years old.

Given the expressiveness of these data, research entitled 'The mental health of university students: how to receive subjective urgencies in this institutional context?'⁴ was developed to investigate the current function of the device and propose an improvement of this type of service as a response from the university to the social reality present in the suffering of students with subjective urgency in the context of a higher education institution.

This research was based on the guidance of an 'implicated psychoanalysis', as Rosa (2012) points out. This guidance is under what Broide and Broide (2019) highlight. According to these authors, throughout the history of psychoanalysis, we can witness that psychoanalytic knowledge crossed the boundaries of the traditional office setting and reached other fields, such as health, educational, and social assistance institutions, as well as the streets of the city. However, it is about maintaining work with the unconscious, transference, drive, and repetition in these new challenges. Differently from anthropological or sociological knowledge, the guiding point of psychoanalysis is listening via transference, which causes a new position of the subject in their social bond, to the extent that it can also modify the social correlations that capture the subject in the social bond.

In this paper, we focused on the results of this research regarding what we call subjective urgencies and the function of the device linked to this notion. As we will see later, our findings show that the reception of students' subjective urgencies, as we have been working on, has an important function as it is configured as a temporal reception device based on the notion of subjective urgency in psychoanalysis. The research allowed us to insert the voice of students who suffer within the university institution, through the work with the breakdown of the times of transfer: the instant of seeing, the time of understanding, and the time of concluding (Broide & Broide, 2019). The research presented here thus resonates with what Rosa (2012) calls the clinic of the traumatic, since by summoning the subject to say a little more, a space is opened between statement and enunciation, allowing the conditions for a subjective localization. This orientation is what allows, via transference, to make a cut in the pathologizing mechanisms created by the discourses of contemporary masters.

⁴ Research approved by the Research Incentive Fund – FIP of PUC Minas to be developed in 2019. The data was also used as part of the productivity scholarship/CNPq research 'The psychological suffering of young people at university: between institutional requirements and subjective emergencies'.

Methodology

The method of constructing a clinical case through clinical conversation with interns working on the researched device was used as the research aimed to evaluate the reception of the subjective urgencies of students looking for the device. The project was approved by the Research Ethics Committee of the Pontifical Catholic University of Minas Gerais.

The construction of the clinical case through conversation can be understood as a method of research and intervention in psychoanalysis. This case construction constitutes an important method for clinical research, as we intend to evaluate and propose, if necessary, a form of reception and referral, in the field of mental health, of the subjective urgencies of students in the university setting.

Figueiredo and Vieira (2002) state that the construction of the case aims at conduct based on the information discussed in teamwork, with the case being the result of the interventional conduct proposed to the patient. As it is a mental health intervention with clinical goals, it is necessary to be guided by the discourse, not only considering the patient's speech but the speech of those who announce it, that is, those who converge their intentions and interventions regarding the case.

From this perspective, the clinical conversation is established in this project as a mediating device for construction. Through clinical conversation, an opening is made so that knowledge can be constructed based on clinical practice with the students. Through the exercise of the dialogued, circulating word, something new, an unprecedented knowledge is believed to emerge and contribute to guidance for the listening/clinical work of those received into the device.

The conversation group for the construction of the clinical case was made up of scholarship interns, volunteers who make up the device team, the professor responsible for the service, a research professor, and a guest professor. The conversations lasted approximately one hour and three conversations were held for each construction of the clinical case—in total, we built 4 clinical cases. In these conversations, we sought to listen to the demand of the student who is looking for the device, the narrative of their story, and the points of repetition in their life that exceed the subject's understanding, as well as the impasses that arise in the case handling by the intern. The conversations to construct the clinical case were part of the device's daily routine, as they occurred once a week during clinical meetings aimed at supervising the cases received. Thus, what was discussed during the conversations described was a guide for the other conversations carried out on the device, as is developed in this article.

In the first conversation, the patient's journey through the service and their life and clinical stories were explained, and points of impasse and progress were freely discussed. After the first conversation to build the case, there was a second one, to gather the effects of the first meeting on the construction of the clinical case. In the third conversation, we sought to formalize what made us define the case as a priority, a subjective urgency, and how we established the guidelines for its referral. In this article, we discuss priority cases, as this is linked to what we call subjective urgency. These conversations for the construction of the clinical case, as we described, allowed us to work more attentively on the aspects of the clinical cases received regarding subjective urgencies and the function of the device, in the conversations for the construction of the cases supervised in the clinical meetings, as noted in the clinical fragments extracted from these last conversations.

In addition to conversations to build the clinical case with the team of interns, semi-structured interviews were scheduled with the students who were treated and considered priority cases for the year 2018, according to their consent. Semi-structured interviews

consist of a script of questions that aim to welcome the speech of the subjects involved around the research theme, but without ever conducting it in an imposing way or based on moral judgment regarding the contents reported. Twenty students among the priority cases attended that year were randomly chosen and invited, but only sixteen attended.

To analyze data from interviews, we used content analysis, which is a set of techniques that allow us, using systematic procedures, to propose indicators that enable the organization of knowledge based on the speech of research subjects (Silva & Fossá, 2015).

The interviews played a complementary role by showing us how to articulate what appears fundamental for the construction of the clinical case.

The present data analysis in this study aimed to bring an appreciation of the specificity of subjective urgency in the university setting and the function of this device in this context.

Discussion and results

The search for the device: “There was a case with me that required urgency.”

The interviews with the students show the importance of this device in the institution, which is effective due to the subjective moment of the students who searched for the service. There is a search for psychological listening that comes from a moment of subjective urgency, something that is urgent in the lives of these subjects and that makes them seek support through the psychology clinic, colleagues, and/or the program committee. The speech of one of the students is emblematic of this aspect: “[...] there was a case with me that required urgent [...] treatment. Not for this treatment, for this care, this reception, but an urgent case.”

The interviews with former students who were welcomed in this psychological reception device also indicate that in addition to issues related to academic themes, such as difficulties related to learning processes, the dimension of anguish reported in their speech reveals factors of a subjective order that announces more unique questions in each person’s life. One student reported:

[...] I had just got a job, so I was on the company’s probation period, I was working on the final paper, taking care of things around my house, and, like, wow! I was going to die, I don’t know, go into a state of shock, I don’t know, really [...]. Like, when all this exploded, all at once, I didn’t know what to do. I just thought, like: ‘I’m going to defragment my body cells, I’m going to disappear from so much suffering’.

In the conversations to construct the clinical case, we could understand that this aspect was quite relevant, enabling us to further refine, from the clinical case, the point of analysis that allowed us to conclude that most students—young people between 17 and 25 years—initially talk about experiences arising from everyday university life, such as speaking in public, relating to previously unknown colleagues, entering a professional internship, defining a profession. However, after a short time of listening, other issues come to light and they start to report subjective issues. For example, issues related to sexuality, losses, compulsions, and difficulty meeting the ideals or their own expectations appear as the main reasons for suffering. This leads us to consider that the daily lives of young people at university seem to touch something difficult to bear. Something of an experience that takes place at night in full sun, as the young poet Rimbaud would say, which is updated with experiences specific to the university context.

This is what we can see in the conversation for the construction of the case held in one of the clinical meetings for the supervision of the cases treated, of which we highlight a brief clinical fragment.

A young student sought this psychological support device for students because she felt very anxious and uncomfortable in the classroom after a colleague reprimanded her saying that she asks questions that are not important. She then says that she feels apathetic and that she has not interacted with anyone for some time. She is sure this is pathological, but she has not found an answer on Google yet. And she even asks if it is genetic. During consultations, the young person wondered if what was happening to her at that moment would be related to something in her history, since there is something that accompanies her: thinking that her mother did not want her to be born, although she had never said so. She associatively links it to another memory: as a teenager, she found herself condemned by her entire family and her mother did not even utter a word. She then asks whether her difficulties in relating had to do with the fact that she did not like anyone or what she had experienced. Opening up to these associations allowed the young woman to report being calmer, learning 'from her unconscious', as she said, and the desire to continue treatment.

The conversation to construct the clinical case allowed to determine how the encounter with everyday university life opened up the experience of anguish that seems to touch the subject's question that leads them to a fundamental determination of their constitution as a subject. The opening for the subject to focus on a question that is their own seems to open another time for this subject, different from the one that led them to the device.

Given what was determined in the construction of the case, we sought to delimit the function of the device based on the acceptance of what we call subjective urgency in psychoanalysis. First, let us talk about how we can define them.

Subjective urgencies

Like a crystal that reflects light in different directions, what we call urgency can be seen from different perspectives. Urgency can be addressed at the beginning of analytical healing, as something urgent in the search for satisfaction or even based on the reception of psychological suffering in an institution.

The theme of urgency also confronts us with the issue of time. In a time of 'liquid times', as defended by Bauman (2007), times of a certain dissolution of the past, flattening the present and a future open to uncertainty, asking ourselves about what we define as 'urgency' is also an ethical engagement with our time.

French psychoanalyst Éric Laurent (2004) states that we are in a time of generalized trauma. As Laurent says, generalized trauma is a child of this time in which 'the Other does not exist', an expression also used by Jacques Alain Miller (2005) to name our era, in which there is a fall in great stories, ideals, ideas, and traditions that previously guided the subjects. Therefore, it is a time of subjects without compasses, disoriented, whose correlates are helplessness, trauma, and anguish resulting from this.

In this context, health and mental health institutions, among others, such as universities, are increasingly affected by what is called urgency, which requires quick and effective responses from institutions and professionals, at the risk of the subject harming themselves or others (Sotelo, 2015).

We then ask ourselves a question about the specificity of subjective urgencies in the university context, as we have been working.

This study emphasizes that the psychological suffering of university students is not related, in most reports, to issues related to the learning context or school complaints, but to discomfort resulting from personal life that the encounter with everyday university life

seems to trigger. In this sense, what we witness in these young people can be limited based on the notion of urgency in psychoanalysis.

Notes on urgencies at the clinic

French psychoanalyst Jacques Lacan points out the importance of conceptualizing ‘urgency’ in three texts, namely: ‘Function and field of speech and language in psychoanalysis’ (Lacan, 1998b); ‘On the subject, finally, in question’ (Lacan, 1998c) and ‘Preface to the english-language edition of seminar XI’ (Lacan, 2003b).

The urgency, in the first two texts, is aligned with the text ‘Proposition of 9 october 1967 on the psychoanalyst of the school’ (Lacan, 2003a), in which Lacan is busy substantiating the psychoanalyst’s work articulated with the definition of the subject. In these texts, we can follow Lacan’s return to Freud, bringing to the scene what Miller (2018) highlighted as Freudian trauma. The Freudian experience is an experience of a decentering of a unit of recognition based on the Self; therefore, it is necessary, for example, to oppose the idea of the production of a Self in the analyst’s likeness as a product of the analytical process, as advocated by post-Freudians (Miller, 2010). Lacan then formulates the notion of the subject of the signifier to touch on the truth of the Freudian experience. In this context, in the article ‘On the Subject, finally, in Question’, he situates the analyst as someone who, if a trace of what was established based on the definition of the subject of the signifier remains, can respond to certain subjective urgencies (Lacan, 1998c).

According to Miller (2018), the term ‘subjective urgencies’ is used in this text as something that the text subscribes to validate that the analyst’s function is essentially related before the beginning of the analysis with urgency, that is, with the emergence of what makes a hole as trauma. We understand this from the impact of language on humans, which means that there is no meaning that completely corresponds to a subject.

Still at this moment in Lacan’s teaching, the urgency is located at the central point of the analyst’s work and the notion of subject, which are intrinsically linked. Lacan uses the concept of subject to elaborate the matheme of the Subject-Presumed-to-Know as the pivot of transference. Analytical experience teaches us that, when we talk about subjective urgency, there is a moment of dissolution of the signifying chain that puts a subject on the scene. If the analytical process produces a subject, we can say that it produces an urgency, however subjective, because it engages this subject in the production of a saying.

Urgency may be present before analysis is entered. A destabilization of the signifying chain can cause the subject to address an Other. However, it can also be produced upon entry into analysis as something that requires elaboration. In both, it implies a call to the Other. In this context, we understand the point highlighted by Lacan in the article ‘Function and field of speech and language in psychoanalysis’ (Lacan, 1998b, p. 242): “[...] there is nothing created that does not appear in the urgency and nothing in the urgency that does not generate its overcoming through speech”.

Although urgency appears in the clinic in acts or in affection—whose extremes, for example, would be respectively the imminence of the transition to the act, as in suicide, and the emergence of anguish, in panic attacks—, we must pay attention to the fact that it is the subject who must be welcomed in emergency devices (Barros, 2012).

This reflection even made it possible to understand that it is not possible to define, a priori, a ‘priority case’ in our device, as we tried to define before the research since urgency is always relative to a subject and not just to the symptoms presented. Thus, we come to understand that priority cases must be understood as those that are addressed to the device and that are involved with its saying. If they prefer to be referred to care outside the unit, this

is done immediately, but if they make a demand to continue in the reception offered, they will be attended to in approximately 4 to 16 sessions. From this same perspective, it is worth highlighting that we are not guided by the pathologization and cataloging of the symptoms of the subjects who seek us since urgency is inherent to our constitution as subjects.

Having said that, there is still another aspect that will lead to a supplementary point highlighted in the text 'Preface to the english-language edition of seminar XI' (Lacan, 2003b). If we look for the etymological origin of the word urgency, we see that it originates from the Latin verb *urgere*, which means to push or compel. The term compulsion also originated from this word. According to Barros (2012), compulsion is what leads the subject to do something they do not want to do. A psychoanalytic emergency clinic allows a certain exteriority to be recognized as something that belongs to the subject. This brings us to satisfaction, to that which is urgent, which is even before the transference, which pulses within each one. From this perspective, as we have already said, we can learn from Freud (1980) that there is a certain dimension of trauma that is ineliminable and characteristic of the constitution of subjective life. If urgency is closely linked to the trauma inherent in every speaking being (since the son of man opened the gates of hell), urgency leads us to consider that there is, in the relationship with the Other, the point where we lodge ourselves in the dimension of speech and the signifier and that there is also another dimension in which we stumble into the hole of language, in which the Other lacks a signifier that responds for existence. There is also a need to admit it and work from it, and not just purge it as a threat factor. Hence the function of treating it.

That said, the treatment of urgency must not necessarily take place all at once, because it can launch the subject in search of another mode of subjective organization.

The function of the psychological reception device for students as a temporal device for working with subjective urgency at the university: 'it stopped the bleeding at that moment'

Concerning the function of the psychological support device for students, we can highlight the importance of punctual, fast psychological care, without a waiting list. The reception offered by this service, in its current clinical modality, highlights its therapeutic effects when dealing with the very issue of time in which students are present, promptly welcoming everyone who arrives at the device. A student tells us in interviews: "I can't say it was a watershed moment [...], but it was something to stop the bleeding, you know? Stopping this... this despair I found myself in".

Another student reported:

I arrived here not knowing what to do, you know? Already having thoughts like: "No... I want to kill myself...". Getting to the point of saying "I don't want to live anymore [...]. I'm going to die and everything will end. [...] and the boys come, like, you know, slowly pulling the cord, untangling the headphones..."

The conversations to construct the clinical case allowed us to better understand this point that appeared in the interviews. Below is a small fragment of a clinical case construction carried out in one of the device's clinical meetings.

Júlia⁵, a 20-year-old girl, looks for the device shakily. She shows her hands and says that she is like this, shaking with anxiety. She is very stressed and anxious and that day she had a problem with a colleague who liked to show off as superior. Júlia then asks a first question: why does this affect her so much? The first question the subject asks opens a first pause, a first scansion. The intervention carried out does not allow this to escape.

⁵ Fictitious name.

Another time then opens up for the subject, different from the one in which they first arrived at the device.

Júlia reports that during high school she always tried to stand out, as she felt inferior because her mother had her very young and she did not have a father. According to her mother, she was a mistake. She then reveals her difficult relationship with her mother. Responding to all demands, including working for her mother, is a way of not being abandoned and not abandoning her mother. This relationship is marked by conflicts, until the moment when she says that her mother fired her. The young woman appears distressed and guilty but says she is better than before when she worked with her, as she felt free to do what she wanted. Another moment opens with the intervention carried out: 'you needed your mother to fire you to do what you want'. Since then, the conflicts have not abated, but the young woman seeks to take a stand even if this causes 'a lot of headaches'. She states that putting a limit on her mother has opened up another way of interacting for her, not only within the family context but also outside of it. We understand that marking the limit placed by her toward her mother's demand opens the chance for another position and we highlight the need to address these issues, which opened the way for the young woman to be referred.

What do students tell us when making this note?

As we have already presented here, the conversation to construct the clinical case allowed us to conclude that the encounter with everyday university life highlights a point of impasse with the Other that reappears where the subject has to put something of their own into it. In other words, there seems to be something of a destiny encrypted by the Other for the subject that the time at university, which is a time of the subject's own choice, is updated when they have to ask themselves about their place in relation to the Other. This experience highlights the difference between chronological, linear time and what the Greeks called *Kayrós*. The time that interests us is a time that makes something emerge from the subject: an opportune moment, which is urgent, as young people tell us in the psychological reception device for students, "at that moment, there, now".

As psychoanalyst Christiane Alberti (2019) highlights:

So, regardless of a dramatic situation, of imminent danger, this is about subjective urgency, what pushes someone to hurry, because they have this urgency. It pushes them to take a step, with time ahead of them. This is not about the psychology of the man in a hurry or the man who would advance under the impulse of a will. It is a matter of the urgent moment, of the occasion presented. At a certain point, we realize that something leads us to act. It is a moment that interrupts time as it would have happened if the subject had not suddenly found themselves in an emergency, which breaks the routine of meaning, the discontinuity from which it results: this urges in them. There is an instant of anticipation in which, having measured that one should not wait, they hurry. They only understand retroactively that this was it. Neither 'acting out', nor passing into the act, nor forcing. They verify a posteriori, in the act, that it was a true subjective urgency. It is the moment when it comes to capturing Kairos, Fortune. That moment when everything weighs down a life (Alberti, 2019, p. 23).

We find, in Lacan's logical times, a purification of an orientation towards clinical work with the urgency presented by young people who look for this device of psychological support for students.

Lacan makes an extensive theorization about a temporality specific to the psychoanalytic clinic in his text 'Logical time and the assertion of anticipated certainty' (Lacan, 1998a). This text is fundamental for Lacan's clinic and teaching. Even though written in 1945, it continues to be a reference in more advanced moments of Lacanian teaching,

and its author revisits it at different moments in his work. Even though we cannot encompass the entire complexity of this text, we rely on it to propose an elaboration on the experience of urgency in the students who come to us.

Based on Lacanian elaborations, the treatment of the subject under Lacanian guidance is a matter of time. Not a question of chronological time, but a logical time in which the instant is decisive. The three logical times that order the psychoanalytic clinical experience are the instant of the gaze, the time for understanding, and the moment to conclude.

In general terms, for the scope of this article, the instant of the gaze is the time of opening something, of a realization, of entering the game from the moment it encounters reality. The time for understanding is the time in which an indefiniteness of knowledge is captured, which opens up to urgency of the moment to conclude.

An extension in the time for understanding is necessary because the indefiniteness, the suspension of knowledge is precisely what hastens the moment to conclude. As there is no way to ensure knowledge about oneself in the Other, the subject rushes to a conclusion that is their own. It is interesting what Fingermann (2009) presents:

In the beginning you see something, but you cannot conclude, which means that you enter the time to understand and when it is concluded. it is as if the time of understanding disappears and you return to the instant of the gaze (Fingermann, 2009, p. 76).

In our experience in the psychological reception system for students, we tried to break the short circuit in time, as shown by Zack (2016) and Caroz (2019). According to these authors, currently, in the three logical times, there is a short circuit that makes us go straight from the moment of the gaze to the moment to conclude. Hence the presence of passages to the act and performances that, verified in our experience, can intensify at that moment when the young person is faced with something unbearable in their encounter with the university. The device would have a temporal function by providing a welcome for the instant of the look so that the time for understanding opens up. And, from this opening, a forcing of a time to conclude that allows the moment of the gaze to be given new meaning as something that was really a subjective urgency that needed to be addressed.

For this reason, work is being done to introduce at least three important intervention times:

- a) time to look: the subject demands a solution for the moment of crisis, for the urgency they experience;
- b) time to understand: time in which the opening to knowledge that is specific to the subject is made;
- c) referral time: location of a subjective enunciation that allows the subject to return to the moment of seeing, which, in turn, allows them to give new meanings to it and conclude that it was, in fact, 'their own issue' and that needs to be addressed.

Final considerations

This article aims to reflect on how we can receive the subjective urgencies of students in the university context based on research carried out in a university service focused on students' mental health. The conversations to construct clinical cases allowed us to conclude that the encounter with everyday university life highlights a point of impasse with the Other that reappears where the subject has to put something of their own into it. In other words, there seems to be something of a destiny encrypted by the Other for the subject that the time at university, which is a time of the subject's own choice, is updated when they have

to ask themselves about their place in relation to the Other. Therefore, a reflection was developed on the notion of subjective urgency based on Lacanian-oriented psychoanalysis. Subjective urgency concerns something that bursts into the subject's life and brings anguish. The subject must find time for elaboration. If this does not happen, there may be a transition to the act and actions that can put lives at risk. Our clinical experience in the service focused on students' mental health indicated its function as a temporal device by providing a welcome for the instant of the gaze so that the time for understanding opens up. And, from this opening, a forcing of a moment to conclude that allows the student's experience to be given new meaning as a subjective urgency that needs to be addressed.

This made it possible to understand that it is not possible to define, a priori, a 'priority case' in our device—as we previously tried to delimit before the research—since urgency is always relative to a subject and not just to the symptoms presented. Thus, we come to understand that priority cases must be understood as those that are addressed to the device and that are involved with its saying.

Within this perspective, we can also understand that this device must embrace, and not be constituted as, a continuous treatment, not only due to the nature and limitations of a university institution in offering this type of treatment but also because the university cannot be an institution that offers and knows everything. This position can generate adverse effects, preventing the student from taking subjective responsibility for their issues, which makes the moment of referral fundamental to the function of this device.

From what we developed at the beginning of this article, universities need to pay more attention to issues related to students' mental health. Many suicide attempts, panic attacks, and other manifestations of anguish occur in everyday university life. A reception with the function of opening a time for elaboration is essential and can favor the student's bond with the institution. In this sense, this article points to the need not only for reception devices in university institutions but also for the need to formalize what is done, when it is done, that is, the actions that are undertaken. In addition to this, it is also necessary to highlight the need for reflection and formalization regarding the referral of students who seek reception in these devices. As a result of our results, we have been working on the idea that to have a responsible referral of students seeking care, a network of professionals or services must be created that can receive students based on the construction of the clinical case, as it was possible to infer from this research that universal referral for everyone is not possible. Thus, it is understood that the study points to the need to investigate the consequences of a referral guided by the construction of the clinical case, which has clinical authority as a guideline for guiding the treatment conduct to be assigned to the case.

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