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Original Article

Teaching the Nursing Process in mental health from the perspective of the unconscious subject*

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Objective: to develop a methodological proposal for teaching nursing care in mental health based on the Nursing Process and through the therapeutic relationship, based on the perspective of the unconscious subject. **Methodology:** theoretical study that used psychoanalytic concepts operating in the language field as a reference, in which the function of speech under transfer puts into effect the reality of the unconscious expressed by the subject. **Results:** the study was divided into two topics: methodological proposal for teaching the Nursing Process through the transference relationship; and aligning important concepts for teaching the Nursing Process through the transference relationship. **Conclusion:** the teacher, acting in line with the biopsychosocial care model, mimics the pedagogical relationship for therapy, by occupying the place of semi-telling and positioning himself in relation to the student in order to supervise him through the work of the clinical case. The student assumes the position of therapeutic and innovative agent with unique know-how and care that respects the subject's desire for the development of the Nursing Process.

Descriptors: Nursing Faculty Practice; Nursing Process; Nurse-Patient Relations; Mental Health; Psychoanalysis.

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Ensino do Processo de Enfermagem em saúde mental na perspectiva do sujeito do inconsciente

Objetivo: desenvolver uma proposta metodológica para o ensino do cuidado de enfermagem em saúde mental a partir do Processo de Enfermagem e por meio da relação terapêutica, pautada na perspectiva do sujeito do inconsciente. **Metodologia:** estudo teórico que utilizou como referencial os conceitos psicanalíticos que operam no campo da linguagem, em que a função da fala sob transferência coloca em ato a realidade do inconsciente expressa pelo sujeito. **Resultados:** o estudo foi dividido em dois tópicos: proposta metodológica para o ensino do Processo de Enfermagem por meio da relação transferencial; e alinhando conceitos importantes para o ensino do Processo de Enfermagem por meio da relação transferencial. **Conclusão:** o docente, atuante em consonância com o modelo de atenção biopsicossocial, mimetiza a relação pedagógica à terapêutica, ao ocupar o lugar de semi-dizer e se posicionar em relação ao aluno de maneira a supervisioná-lo por meio da elaboração do caso clínico. Já o estudante assume a posição de agente terapêutico e constrói um saber-fazer singular e um cuidado que respeita o desejo do sujeito para o desenvolvimento do Processo de Enfermagem.

Descritores: Prática do Docente de Enfermagem; Processo de Enfermagem; Relações Enfermeiro-Paciente; Saúde Mental; Psicanálise.

Enseñanza del Proceso de Enfermería en salud mental desde la perspectiva del sujeto del inconsciente

Objetivo: desarrollar una propuesta metodológica para la enseñanza del cuidado de enfermería en salud mental basada en el Proceso de Enfermería y a través de la relación terapéutica, desde la perspectiva del sujeto del inconsciente. **Metodología:** estudio teórico que utiliza como referencia conceptos psicoanalíticos que operan en el campo del lenguaje en el que la función del habla bajo transferencia pone en práctica la realidad del inconsciente expresado por el sujeto. **Resultados:** el estudio se dividió en dos temas: propuesta metodológica para la enseñanza del Proceso de Enfermería a través de la relación de transferencia; y alineamiento de conceptos importantes para la enseñanza del Proceso de Enfermería a través de la relación de transferencia. **Conclusión:** el docente, que actúa de acuerdo con el modelo de atención biopsicosocial, mimetiza la relación pedagógica a la terapéutica, al ocupar el lugar del semi-decir y posicionarse con relación al alumno para supervisarlo mediante la elaboración del caso clínico. Por su parte, el alumno asume la posición de agente terapéutico y construye un saber-hacer particular y un cuidado único que respeta el deseo del sujeto para el desarrollo del Proceso de Enfermería.

Descriptores: Práctica del Docente de Enfermería; Proceso de Enfermería; Relaciones Enfermero-Paciente; Salud Mental; Psicoanálisis.

Introduction

The psychiatric scenario in Brazil is marked by advances and changes, which reflects and is fostered by the teaching and practice of nursing care in mental health[1]. The 2001 Psychiatric Reform (PR) law introduced protection mechanisms and rights for people with mental disorders[1-2]. In the same year, the National Curriculum Guidelines for Undergraduate Nursing Courses (DCN/ENF) were instituted, which provide for the generalist, humanist, critical and reflective training of nurses[1].

In order to provide teaching in line with PR, the DCN/ENF propose curricular changes that will train nurses to work within the biopsychosocial model of care, considering the individual in their entirety by recognizing their biological, psychological and social dimensions[1,3].

In this context, the mental health nursing clinic elaborates actions with the aim of considering the singularity of the subject and the meaning of the psychiatric suffering experience, using the Nursing Process (NP) as its systematization method, which guides care actions to direct clinical practice based on relational theoretical support, and is made up of five interrelated and interdependent stages: assessment, diagnosis, planning, implementation and nursing evolution[2,4-5].

The theoretical framework of psychoanalysis emerges as a possibility to support nursing care, developed through NP, by allowing an understanding of psychic illness to subsidize care in the therapeutic relationship, which is the interpersonal relationship established between nurse and subject[4,6]. Working within this framework requires recognizing the symptom as a formation of the unconscious and a way of expressing the subject's suffering and desire[6-7]. In this context, the nurse questions the malaise that directs care through the NP, understanding that the elaboration of the symptom is a way of particularizing care based on a unique therapeutic plan[6].

Nursing care in mental health thus justifies the need to be prepared to take on the therapeutic agent role, which emerges through training that is articulated between theory and practice[4,6]. It is essential to consider that, in addition to pedagogical preparation, the clinical training of the teacher contributes to the realization of nursing education in mental health centered on the biopsychosocial model, with emphasis on the criticism of reality and the new contexts of community services, weakening the knowledge and practices that contribute to the exclusion of madness[3]. To this end, teaching that aspires to clinical nursing requires theoretical foundations for the construction of knowledge and practice that provide unique therapeutic responses, focusing on the subject's subjectivity[2,4].

However, there are still difficulties in training nurses in line with the biopsychosocial model, such as: preparing nursing teachers who teach mental health subjects to care for people in psychological distress; training nurses to work in the Psychosocial Care Network; redesigning activities and theoretical-practical strategies that consider teaching from the perspective of biopsychosocial care; and developing competencies and skills for care in accordance with the PR principles[1-4].

In this sense, this study is justified by the importance of developing teaching that is in line with the biopsychosocial care model, with a view to the emergence of nurses as therapeutic agents, trained to act considering the subject's integrality, singularity and subjectivity[1-4,6]. In addition, in an attempt to fill the gaps in the training of mental health nurses, the NP emerges as an alternative when articulated with a theoretical framework for the construction of knowledge and practices that enable care based on an understanding of psychological suffering in order to develop the therapeutic relationship[1-4,6].

It is therefore advisable to develop teaching methods that consider the therapeutic relationship from the clinical point of view, insofar as they are articulated with the NP[2-3,6]. This study aimed to develop a methodological proposal for teaching nursing care in mental health from the perspective of the EP and through the therapeutic relationship, based on the perspective of the unconscious subject.

Method

Study type

This is a theoretical study that used psychoanalytic concepts that operate in the language field as a reference, in which the function of speech under transference puts the reality of the unconscious into action[8].

The theoretical study was chosen because of the need to establish guidelines for understanding the therapeutic relationship through transference, a technique that makes it possible to read the time of the unconscious' expression, as well as helping to clarify the positions assumed by the teacher and student when receiving the subject's discourse[7-8].

In psychoanalytic research, the researcher has an interest in his study object and equips himself with theoretical bibliographies that allow him to delimit a problem and working hypothesis, which makes it possible to enunciate the unconscious in order to build knowledge based on the establishment of the particular against the ideal, the latter configured from the imaginary that makes up the professional practice of nursing[9].

Data processing and analysis

The theoretical framework was grasped in the very course of the formulated concepts constitution, involving

the multiformity of thought, marked by the historical context of the time and its metaphorical characteristic[10]. In this way, the construction of a kind of knowledge, not equivalent to knowledge, but closely related to the experience that is made of it, is favored. This knowledge is built from the know-how perspective and is supported by the concepts of transference and repetition, which are fundamental to psychoanalysis and underpin the proposal for care and, consequently, teaching in order to meet the objectives of this study[9-10].

Results

The student, when included in a proposal to build care based on the NP that considers the transferential relationship, must assume the position of object, which implies establishing a relationship in which the therapeutic and pedagogical ambition is removed[6,11].

This learning space takes place in the nursing consultation, the place where the nurse develops the NP and where the student will organize the care initiated by the questioning that becomes action in an attempt to keep attention evenly suspended and encourage the subject to remain in free association[2,9].

In order to keep attention evenly suspended, the student lets the subject lead their attention, which must also accompany the student's unconscious chains, enabling something of a communication between unconsciouses[9]. In other words, you have to give up any attempt to order the material brought by the subject, without trying to memorize or write down what they say[9].

Making the subject's free association continue consists of encouraging them to say whatever comes to mind, which is the student's main task, since it enables the discovery of the unconscious, since it leads to the recognition and overcoming of resistances[9].

Let's take the data collection, for example, which takes place during the assessment stage in the nursing consultation, based on the following question: "what do you do here?" or "why did you come to me for this service?", and from then on, the student lets the subject guide the line of discourse[7,9].

Thus, the learning process's singularization relies on students positioning themselves as subjects. This ethical position depends on the availability and curiosity that the student invests in the face of the demands that may arise, the unusual care options and the paradoxical responses produced by the subject, coming from the unconscious in a singular and irregular way[11-12]. In this way, the student enhances their interest in recognizing the lack of meaning, which opens up the structural emptiness that is a condition of the subject, revealing the tragic aspect of existence and animating the apprehension of the human experience expressed in the discourse of the sufferer[12].

In this context, it is up to the teacher to show the student the paradoxes of the subject's discourse, leaving them with an enigma to decipher, which reflects the symptom. In other words, supervision aims to move the student from a position of certainty about the subject's symptom to a position of surprise, delimited by interjections such as: " I have never thought of this before", which opens up space for care through the therapeutic relationship that underpins the possibility of establishing creative actions that respect the subject's desire implicated in their discourse[10-11].

At the same time, the teacher uses his curiosity to shift the teaching of nursing to the dimension of a unconscious transmission between student and teacher, which leads the pedagogical relationship to mimic the therapeutic relationship[1,11,13]. That is, care reflects the connection established between teacher and student. For this to happen, it is essential to adopt a personalized learning approach that respects each individual's uniqueness. This process can be guided by the student's personal journey, complemented by theoretical study and teacher supervision[11].

The unconscious transmission that emerges in the teacher-student relationship is what enables, in clinical practice, the logical interpretation of the subject's discourse by the student. The opening and closing of the transference field allow for identifying the subject's position in relation to their suffering, rather than focusing solely on the meaning of their words[7,11]. In other words, the focus of listening is on the position the subject takes regarding their complaint, rather than the reason behind their complaint[7].

The first step is to expose the student to clinical practice as a discursive production that emerges in the transference relationship, even if they lack the theoretical foundation to support their role in the transference. This is because the richness of the analytical experience extends beyond academic knowledge[10,14]. It is necessary to dispel the illusion that a student, by learning concepts and techniques, is immediately ready to work with a subject. Learning happens alongside the continuous practice of clinical work[10-11].

For example, as the student reports their interactions with the patient, they begin to realize that, even while learning investigative techniques that prioritize listening to the subject in their state of rupture, they struggle to detach from the urge to interpret the patient's actions. Often, they overlay the subject's speech with meanings drawn from their own life experience.

At this point, when the student tends to introduce knowledge disconnected from the experience built in relation to the subject, the teacher can introduce an unexpected perspective on the student's experience in caregiving. This can be done through a question that

prompts the student to engage with the nonsensical aspects of the subject's discourse[10,15].

Thus, the teacher's main role is to question the student about the unexpected aspects of the clinical encounter, where what they learn from texts and lectures intersects with the subject's speech. Additionally, the teacher should highlight and explore the student's moments of silence, encouraging an approach to the subject free of expectations and fostering a readiness to be surprised by their discourse[10,15].

Although mastering concepts and techniques is insufficient when detached from clinical practice, reading introductory psychoanalytic texts on technique and case management is essential for the student. These readings help guide their listening and provide a preliminary framework for engaging with the subject[6,9,11,14,16-17]. This preparation allows the therapeutic relationship to take shape through the encounter marked by lack—the inherent insufficiency present in every theoretical framework[10].

The clinical experience is where the student will practice listening, guided by feedback on their written work from the teacher[18]. Therefore, it is crucial for the student to produce written work during every nursing consultation, in order to begin organizing their listening practice. At this stage, it is the teacher's responsibility to closely guide the student, pointing out the gap between what they have learned from the texts and what they have experienced with the subject, particularly in relation to the written work they have produced.

Written work in psychoanalysis is understood as a process of elaboration, from which the described phenomena are collected, organized, and connected to theoretical ideas, which are not rigid definitions[9]. In other words, through writing, speculations are generated that allow for the "discovery" of elements through the creation of new associations[9].

Thus, at the end of each nursing consultation, two pieces of writing will be developed, in which the teacher will provide feedback based on the transference of unconscious work, highlighting the disparity between the subjects[6-7,11,13]. In this way, the pedagogical relationship will be established through the difference found between teacher and student, mirroring the one found in nursing practice, where between the two, there exists something impossible to share[1,11,13]. In this dynamic, the teacher remains, like the student, in a position of abstention in relation to their pedagogical ambitions, while the student is guided by a care defined by not knowing[11,19].

In the first piece of writing, the student should report everything they remember from the consultation, with the result being a story that is reformulated and constructed from memories of a therapeutic experience, which will never be a pure or exact event[18]. Upon reading this first account, along with the teacher's notes, the student will derive the second piece of writing, which will focus on what stood out the most to them. This will help them define the gap that characterizes the unconscious subject and the space for maneuver in nursing care[6,18].

As a result, the student draws from their writing, guided by supervision, the dimension of their position as an unconscious subject, decentered from their intention to learn. In doing so, they become a replicator of this condition in the delivery of care[11,18]. At the same time, the discrepancy outlined by the teacher's reading, who does not aim to teach but rather to transmit significant marks, sets the temporal rhythm of learning, aligned with the teacher's own work pace, grounded in transference[10-11,14].

In this guidance, the teacher will accompany the student through the reading of their written work, with the aim of helping them move away from knowledge constructed through technique, and instead settle into practical knowledge rooted in innovations arising from the act of care within the therapeutic relationship. This involves an engagement with their learning that entails learning to live without habits, as the subject does not settle into the meanings and customs that define their life[20].

Based on these written elaborations, the care plan will be structured, considering the identification of diagnoses, outcomes, and nursing interventions to be developed during the planning phase[2,5].

Thus, the investigation defined within the therapeutic relationship supports the attention proposal when the student recognizes what they hear as characterized by nonsensical elements. This allows for a position of not knowing in the relationship that guides the care, enabling creative acts where there are no ready-made answers, inviting the subject to take the lead in the development of their own care[10-11,15,20]. This collective construction of nursing care in the lived moment of the relationship defines the stage of implementing nursing care[2,5].

From this perspective, the student gradually builds a position to situate their listening, with the principle being the creation of a space for the subject's words to be spoken, to circulate, and to emerge, not as a unit of meaning, but as a misunderstanding unrecognized by the subject. This is because the meaning of speech can never fully translate the lived experience of the subject[21]. In other words, the body is born immersed in language and is marked by an original and inseparable misunderstanding, exposed as suffering that emerges in the real[21].

Considering the ethics of the time of singularity requires contact with the unexpected, which involves

care that is both planned and, at the same time, unplanned. This is because the unforeseen does not allow for a planning that is closed off from itself[7,10-11,15]. In this context, some difficulties may arise, such as the subject's silence in response to questions, as well as their deep interest in the student's life[6]. In response to these difficulties, it is recommended that the student not give in to the emotions that the subject may direct toward them.

The entire course of the therapeutic relationship will remain under the gaze of the Other, who must occupy the place of questioning that prompts the student to move from their position of knowing to one that invites them to look at the impossible points of care[7,9-10,15,20].

This will be the teacher's role, who, through their supervision, participates in teaching from the place of the semi-saying, and it is up to them to decode the scene of learning[10,13]. This strategy aims to force the student to subvert their position, moving from a passive learner to a subject engaged in the unconscious logic that guides their entry into the therapeutic relationship, through the way they interpret the subject's discourse[10].

If successful, this maneuver by the teacher can allow the student to learn how to develop the NP aligned with their own listening style, respecting their singularity. In this regard, it will be important for the teacher to guide the teaching through a methodology that provides boundaries for nursing practice and for the learning process that culminates in the possibility of evaluation. This will occur through the construction of the clinical case[18], where the student must be able to identify the symptom linked to the fundamental concepts of psychoanalysis and, through this delineation, establish the NP through the therapeutic relationship, within the context of the nursing consultation.

Discussion

Transference is defined as the repeated way in which the subject interacts with each new object they encounter, reproducing their way of conducting themselves in erotic life. In this repetition, there is a combined action between their innate disposition and the influences that marked them during the early years of life[16,22]. It is characterized as a fundamental phenomenon in the analytical process, as it involves an experience of crossing, a situation experienced by the subject as a place of trial, access, demonstration, and confrontation of their truth, the cause of their desire, hidden in the enigma of the symptom[7,22].

In this sense, what is traversed is the fantasy, a point of nodulation that anticipates, through the image, a certain unity of body and being[7]. Thus, transference is configured as a field that opens up to dimension the reality of the unconscious, sustained by desire, which finds its support in fantasy[7].

Transference arises in the field of tension between the ideal planned by the ego and its counterpoint in reality, as the ego needs to project itself onto an identificatory image that is invested in and socially recognized[23]. Thus, the ideal ego marks the subject's entry into social life, where their desire is subordinated to the desire of the other, with a substitution of primary narcissism by a social pact[23]. Therefore, the ideal ego is never fully attained in the realm of reality, and the distance between these two places is expressed as an impossible conjecture and a pattern of repetition, present in every relationship the subject develops[6,16,23].

The pattern of repetition is what matters, as it originates in the very articulation of the signifying chain as a production of knowledge that attempts to bring the ideal ego closer to reality. Its imponderable conjecture encompasses the cipher of difference, the mark of the impossible to symbolize[6,10].

As a result, the relational experience, supported by transference, involves the not-knowing inherent to any human relationship, which drives the sliding of the signifying chain and invites the subject to continue their symbolic search for knowledge about themselves. This is the effect of elaborating a transferential experience of confrontation with the unconscious[6,9-10].

It can be concluded that the transference relationship is the tool that marks the difference between reality and its unattainable ideal, and this gap allows for the recognition of the unconscious logic through not-knowing. This, in turn, leads to the demand for the constitution of knowledge, which opens up the possibility of elaborating the subject's suffering[7].

It is important to note that transference runs along the thread of the subject's discourse, and when a student receives it, they may identify two simultaneous and competing movements in the request. The first concerns the assumption that the one who is asking (the subject) alienates themselves by recognizing that the other (the student) holds the knowledge they lack, as they project onto the student the function of the supposed knowing[24]. The second movement is the subject producing their discourse as they unconsciously grasp that there is no possible knowledge that can be attributed to the other, which will drive the continuation of the therapeutic relationship[24].

It is in the drive, a dialectical movement between alienation to the knowledge of the Other (approach) and the unconscious realization that the Other will not provide the meaning for the experience of suffering (separation), that the subject places their affects at the service of constructing a narrative. This narrative explores ways of knowing about their symptom and suffering in

an attempt to resolve them through the therapeutic relationship in a creative, singular manner[7-8,24].

Thus, in a therapeutic relationship, the student must expect that the subject will live alongside them the affects that were responsible for the separations that shaped their life experience, which is composed of traumatic events[25]. In this theoretical framework, trauma is not seen as pathological and disintegrating events, but rather as fundamental rifts essential for subjective constitution and psychic development[26].

For this therapeutic relationship configuration to be possible, the student must remain in the position of an object before the subject, that is, the one whom the subject will use to move the drive circuit between the poles of alienation and separation, utilizing the student so that their demand can be elaborated[6,15].

From this position, the student will make marks in the signifying chain that give materiality to the drive circuit and reveal the traumas of meaning that are not reached in the field of tension between the ideal ego and reality, in order to produce meaning for the subject's existence[6,10,23]. Similarly, the teacher, in the role of supervisor, will mirror this movement between alienation and separation within the pedagogical relationship and will provide feedback on the student's written work[6,15,18].

This condition for establishing the therapeutic relationship reveals the field of tensions where the relational material is defined by the disconnection, the impossible to share[10-11]. It is in the absence of meaning that the drive encourages the subject to elaborate on their condition and reposition themselves in their own way of narrating their experiences, which call forth meaninglessness and suffering[10].

In this conception, the measurement of time will also be different, as the student will not be able to count chronological time, but rather the unconscious logical time, characterized by the opening and closing of the transferential field through the trauma of meaning that the subject places in the discursive line[7,27].

The opening materializes in narrative ruptures through deception, symptom, or forgetfulness, which reveals more of the subject's singularity than their own history can convey[25]. The closure is characterized by the stitching together of ruptures, which occurs when the subject works through the meaning of the trauma and constructs an ideal in which the knowledge about themselves closes, in an imaginary way, the narrative opening of the deception that reveals their singularity[25].

The movement of opening and closing marked by transference is the focus of psychic movement, and it is up to the student to endure the subject's time, which corresponds to the work of their unconscious, marked between two fleeting moments: the moment of gaze (opening) and the moment of conclusion (stitching)[7,25,27].

Thus, the student allows the subject to work, endures their elaboration, and creates a space for them to produce meaning, thereby structuring an ethical and possible form of care[11]. In supervision, the teacher will allow the student to work based on the gaps indicated by their written production throughout the construction of the clinical case[6,18]. This is because it is through speaking and writing, both addressed to another, that new meanings can be created for what has been experienced[27].

This position does not directly correspond to one of the NP phases, but aligns with authors who define the therapeutic relationship as the cornerstone of the caregiving process, essential to it at all stages[2,4,6].

Thus, in the course of learning the therapeutic relationship, the student should not expect conclusive elaborations, behavior changes, or treatment adherence. It is their role to mark every deviation the subject makes in the repetition, highlighting the possibility of what is unique in the discourse, allowing space for meaning to be constructed in the detours of language, which reinforces an ethical position in line with the subject's unconscious desire[6,10,15,21].

As an example, let's take a case from the literature, where a nursing student, upon hearing the subject's account of mania, outlined care measures to remove the risk of exhaustion[28]. It was up to the teacher to question the student: "How does the subject describe their mania?" Through this question, the student was able to identify that the subject's experience of mania involved the creation of dolls, an activity that requires concentration, a logical flow of ideas, and psychomotor skills, distinct from the manic episodes the student had prematurely applied to this subject's singular experience[28].

A gap was created when the student realized that their learning about mania did not encompass the subject's experience. From this fissure, marked by a lack of knowledge about the other's experience, the learning about the subject in their paradox began[11-12,28].

It can be said that the path the student outlines with their annotations, based on the interplay between listening and the supervision with the teacher, gradually removes the subject from the position of victim of their unconscious language and may foster an act of accountability in relation to their symptom[6,29].

The consequence of acknowledging the relationship established by transfer, as a point of implication involving patient-subject and student-object, requires a combination that removes the identification and recognition of roles, delimiting an articulation in a bond[29]. This emerges through the differences that foster an act of creation in the relationship, where the student will only understand what organizes the subject if the

subject explains it to them. And as they provide these explanations, they begin to organize and reposition themselves in relation to life[10,21,27].

In this sense, the difference between individualization and singularization is considered[30]. The first is characterized by a care model that aligns with the standardization and systematization of care through a uniform language applied to each subject individually[4,30]. In contrast, the second emphasizes the creative act made through the subject's language and does not seek to translate their experience through uniformity[6,30].

In other words, the creative bond that sustains language eliminates the space for the creation of nursing diagnoses governed by taxonomic norms, because the illness that affects the subject and will become the nursing diagnosis is constructed through the words and the subject's own repertoire, in what is most singular in their explanation of the issue: how do I suffer?

Thus, the clinical intervention field that the student will engage with is supported by a diagnosis of discursive localization, where the subject, in narrating their symptom and suffering, weaves a narrative that indicates the place they occupy while simultaneously becoming alienated from it through language[25]. The student, guided by the professor, directs the discursive treatment by affirming the symptom, as it becomes a response to the trauma of meaning the subject has experienced throughout their life[6,10,25,27].

In this sense, the nursing diagnosis ceases to be a statement, remaining as a question that opens up space for the subject's work, in the sense of an elaboration of their know-how with the symptom[7,10,20,29]. In this way, the time of the nursing diagnosis will be subverted, framed by an intervention that is, at the same time, an inquiry, with the aim of opening up space for the subject to move and create meaning, still accompanied by a prognosis that is voided, supported by the absence of therapeutic and pedagogical ambition[10-11,27].

At this point, the student inquires, without expecting a definitive answer from the subject about their suffering. The student no longer seeks to heal but replaces healing with ways of living that encompass the crossing of the fantasy the subject has built as a source of certainty about their life and suffering[1,7-8,24].

The implications from this study for advancing scientific knowledge in mental health focus on the student assuming the position of object and engaging with the clinic as a discursive production manifesting in the transferential relationship. This process builds a unique know-how and care that respects the subject's desire, recognizing the lack of meaning as a misunderstanding in their discourse, thus enabling an ethical form of care that allows the subject to construct new meanings about their life.

The limitations in this work concern the use of psychoanalysis, which remains rarely included in nursing curricula and faculty training. To implement the proposal defended here, professors must undergo clinical training to equip them for working within this theoretical framework, aiming to teach nursing in mental health focused on the biopsychosocial care model, mimicking the pedagogical relationship with the therapeutic relationship.

Conclusion

This study led to a methodological approach development for teaching nursing care in mental health, centered on the NP and the therapeutic relationship, rooted in the perspective of the unconscious subject.

In this method, the educator refrains from pedagogical ambitions, takes the position of semi-saying, and decodes the learning scene by positioning themselves in relation to the student, supervising them while exposing gaps between what the student has learned and what they have experienced with the subject, along with the paradoxes in the subject's discourse, through the construction of the clinical case.

The student, in turn, assumes the role of a therapeutic agent during nursing consultations for developing the NP, intervening in care by questioning and highlighting the subject's significant chain, as well as the deviations they make in repetition.

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