SUPERVISION FROM A LACANIAN PERSPECTIVE CONSIDERED CLOSELY:
A QUALITATIVE STUDY

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This study aims at mapping and interpreting what is at stake in Lacanian psychoanalytic supervision. Using interview data of participants’ personal accounts of supervision, the authors applied a thematic analysis to gain insight into what they believe are crucial components in these accounts of supervision. We interpret the data within the context of Lacan’s text, ‘Direction of the Treatment and the Principles of its Power’, in which he articulates his conceptualization of psychoanalytic treatment. His views on interpretation (tactics), transference (strategy), and lack-of-being (politics) as the three elements that structure the actions of the analyst, guided our data-analysis. Participants indicate how their supervisor focuses on the symbolic dimension of speech, helping them avoid getting deceived by the dimension of the imaginary. During the supervision process, the supervisor does not respond from a master position, nor coach the supervisees. Supervisees develop their own style and framework for clinical work. Through discussing cases, supervisees learn to construct cases and focus on the singularity of the case, beyond structural diagnosis. Lastly, Lacanian supervisors only focus on the cases discussed, not on the person of the supervisee.

KEYWORDS: LACAN, SUPERVISION, DIRECTION OF THE TREATMENT

INTRODUCTION

Supervision is a central component of clinical training (e.g. Rainbow Report, 1955), professional development (e.g. Fleming & Steen, 2004) and a prerequisite for good practice (e.g. Roth & Fonagy, 1996; Corrie & Lane, 2015; Barnett & Molzon, 2014). It offers a platform of support for therapists to reflect critically on their own daily functioning. Consequently, the supervision process is the primary experiential vehicle in the education of psychoanalysts (Wallerstein, 1997). This is not surprising; the practice of supervision originates from Freud’s private dialogues with his students and is a place for the analyst to learn about the close interplay of theoretical concepts and clinical observations. As such, it concerns the translation of
conceptual understanding into psychoanalytic action (Zachrisson, 2011). Empirical evidence shows that regular supervision correlates with more effective therapy, while also increasing job satisfaction and lowering therapist burnout (Falender, Shafranske & Ofek, 2014). Not only does supervision impact the supervisee, the beneficial effects of supervision also affect patients, through symptom reduction and the increased ethical practice of their therapists (Bradshaw, Butterworth & Mairs, 2007; Lichtenberg, 2007; Watkins, 2011).

As supervision is an important aspect of psychoanalytic training, there has been quite some research on this topic, discussing what should be taught in supervision (Fleming, 1987; Fleming & Benedek, 1966), core common concepts (Waters, 2019), heuristic models (Zachrisson, 2011), and how a supervisee should be evaluated and assessed (Aronowitz, 2001; Junkers, Tuckett & Zachrisson, 2008). In this research, articles that discuss supervision from a Lacanian psychoanalytic perspective are scarce, and most articles on this subject don’t mention the Lacanian perspective at all (see Ellis et al., 1996; Zaslavsky, Nunes & Eizirik, 2005; Ogden, 2005; Rubenstein, 2007). In a broad-scale, century-spanning psychoanalytic supervision literature review, Watkins (2019) found only two academic articles discussing supervision inspired by a Lacanian orientation, both being theoretical discussions (Dulsster & Vanheule, 2019; Moncayo, 2006). As Lacanian psychoanalysis inspires more and more clinical psychotherapists across the globe, it is however important to gain better insight into the process of its supervision on a day-to-day basis.

This study aims at mapping and interpreting key features of Lacanian-inspired psychoanalytic supervision from a first-person perspective, questioning how Lacanian supervision is practiced on a day-to-day basis, using interview data of psychoanalysts’ personal accounts of supervision.

As supervision should be consistent with the guiding principles of the kind of therapy being practiced (Kilminster & Folly, 2000), our interpretation of the data starts from one of Lacan’s basic texts: ‘Direction of the Treatment and the Principles of its Power’ (2006b), henceforward called ‘Direction of the Treatment’. In this text, Lacan discusses key principles of Lacanian psychoanalytic practice.

**DIRECTION OF THE TREATMENT**

In ‘Direction of the Treatment’, Lacan uses three core concepts to characterize the psychoanalyst’s actions: tactics, strategy, and politics. Overall, his discussion starts from the underlying assumption that all speech is organized along imaginary (the ego) and symbolic (the subject of the unconscious) dimensions (Willemsen et al., 2015).

The imaginary dimension concerns the relation between the ego and the other, making up ‘the symmetrical world of egos and of the homogeneous others’ (Lacan, 1988, p. 244). It has an important role in mental life. First, it allows people to think they understand each other. By communicating, we establish an imaginary identification with the other. Through the imaginary, we approach the other as being
similar to ourselves, and as such, ignore that the other is actually different. The fact
that communication is ambiguous and never truly reciprocal, gets ignored. Second,
through the imaginary, we build a coherent self-image, a smooth continuity within
our self-experience, consolidating the images we use to substantiate ourselves. As
such, we are able to neglect those aspects of our own functioning we misrecognize
because they are incompatible with our ego.

We use the dimension of the imaginary to deceive ourselves about the symbolic.
For Lacan (1988, p. 245), the symbolic represents ‘the ineffable experience’ or the
subject in its ‘ineffable and stupid existence’ (Lacan, 2006c, p. 459). This symbolic
dimension constitutes a lack-of-being that cannot be resolved, indicating that, ulti-
mately, no human knows who he or she is or what he or she wants. Who one is as a
subject is addressed by words – or as Lacan says, ‘signifiers’ – that make up the
unconscious. These signifiers concern our primary identifications, which determine
desires, ideas and behaviours. At the level of the unconscious, such signifiers can be
found in repetitively returning associations. When speaking, our speech is perme-
ated by signifiers that ‘insist’ or repeatedly return, which makes them have a partic-
ular value and weight. Symptomatic behaviours express such particular signifiers.
Therefore, the analyst should pay attention to these signifiers in each particular case.
The narrative continuity of the imaginary dimension is continually disrupted by the
dimension of the unconscious, occurring through symptoms, lapses, and dreams
comprising incoherent or con-
fl
ictual experiences and desires one is marked
by. According to Lacan, these formations of the unconscious express truths that the
ego neglects (Hook, 2018).

By paying attention to symbolic articulation, aspects of desire that were initially
denied can be recognized and accepted as belonging to oneself:

What is at stake in analysis is the advent in the subject of the scant reality that
his desire sustains in him … and our path is the intersubjective experience by
which this desire gains recognition (Lacan, 2006a, p. 231).

Lacan suggests that only by paying close attention to speech itself, and to the signi-
fiers from someone’s speech, can a so-called ‘realization of the subject’ be effectu-
ated (Lacan, 2006a, p. 249). Free association will:

lead to a free speech, a full speech that would be painful to him. Nothing is to
be feared more than saying something that might be true. For it would become
entirely true of it were said, and Lord knows what happens when something
can no longer be cast into doubt because it is true (Lacan, 2006b, p. 515).

Full speech exactly concerns those formations of the unconscious, words with a par-
ticular ‘value or weight’, which make clear that desire cannot be reduced to the con-
trol of the ego, and that aspects of the subject that have hitherto been denied should
be acknowledged. Such acknowledgment takes shape by hearing one’s own speech
addressed to the analyst, that is, through the intersubjective process of speech. This
not only disturbs the comfort of the ego, but also brings the analysant\textsuperscript{1} to accept
subjective truths that have been neglected so far, and to act (e.g. breaking with
repetitive patterns in life). The task of the analyst is to be attentive to this symbolic dimension.

This brings us to the tactics, strategy, and politics of the psychoanalyst, concepts Lacan borrowed from Carl von Clausewitz, a Prussian general and military theorist who stressed the moral and political aspects of war. For him, ‘tactics teaches the use of armed forces in the engagement, strategy the use of engagements for the object of war’ (Clausewitz, 2007, p. 74). Both tactics and strategy underlie politics, which ‘concerns what a war is meant to achieve and what it can achieve’ (ibid., pp. 134–5). Using his differentiation between the imaginary and symbolic dimension, Lacan uses these concepts to think about the actions of the psychoanalyst.

**Tactics**

The psychoanalyst should focus on the symbolic dimension and, as such, her principal role consists of making full speech possible, making sure the analysant can associate freely, so the signifiers of his unconscious can appear. Consequently, the psychoanalyst will validate signifiers and ideas in the analysant’s speech that are unexpected, or troublesome from the perspective of the analysant’s ego. Therefore, the analyst will ‘pay with words’, meaning that she must formulate interpretations, which is a matter of tactics, the use of forces in the engagement, in which an analyst ‘is always free in the timing and frequency, as well as in the choice of his interventions’ (Lacan, 2006b, p. 491). Using the musical metaphor from ‘Function and Field’ (Lacana, 2006a, p. 241) the analyst should let the analysant play his music (speak) and punctuate this musical score with a metric beat. How one punctuates this musical score is entirely up to the analyst who freely chooses which concrete actions or techniques she uses in the analytic situation, without there being an external criterion to judge its value, except by the material the analysant brings forth, namely the associations produced by the interpretation (Meganck & Inslegers, 2019). There is no universal rule or standard for interpretation (Monribot, 2014). However, the analyst is only free in this matter insofar as she is strategically in the correct position. One could say one is free to interpret the musical notes as long as one reads the score in the right key. This key concerns the use of engagements for the object of war, here being the symbolic dimension, or how the analyst positions herself in the transference.

**Strategy**

Lacan emphasizes that speech in psychoanalysis cannot be distinguished from transference: ‘the basis of the new method Freud called psychoanalysis is the assumption by the subject of his history, insofar as it is constituted by speech addressed to another’ (Lacan, 2006a, p. 213). When discussing transference, his focus is not merely on interpersonal dynamics, but especially on the observation that the analysant – as a sender of speech – always receives back his own message from the receiver ‘in an inverted form’ (Lacan, 2006a, p. 246). Transference is not a mere process of two comparable agencies (sender and receiver) exchanging information.
It is an interaction between two individuals and a third position, in which assumptions are made and agreements are sought (Nobus, 2000). By wondering how the psychoanalyst might interpret what is being articulated, the analysant will start to reconsider the meaning of his own words, wondering what exactly the message is, qua the third element of speech. Again, this can only happen if the analyst positions herself in ‘the right key’. Hearing one’s own speech eventually reveals that the imaginary ego does not have total control over what is being said, which actualizes the symbolic dimension of the subject. Therefore, the Other that the analysant is principally confronted with is not the interpersonal other, but the Otherness of the unconscious vis-à-vis the ego.

Transference concerns the strategy of the psychoanalyst, which requires rigorous action:

In handling transference … my freedom is alienated by the splitting my person undergoes in it, and everyone knows that it is here that the secret of analysis must be sought (Lacan, 2006b, p. 491).

The analyst should be aware the analysant is not confronted with the interpersonal other, but with the Other that the unconscious is for the ego. As such, whenever the analyst interprets (freely) in analysis, her strategy is to interpret from one and the same position: that of the Other (and in this case, she is not free; she has to play the key the Other imposes on her). Lacan will use the metaphor of what is called ‘the dummy’ or ‘dead man’ in the game of bridge. The analyst plays dead concerning her own feelings and thoughts and thus aims at bringing out the fourth player: the analysant’s unconscious. As such, the analyst will lend herself to all phenomena having to do with transference that occur in the analysant (Monribot, 2014). Consequently, the analyst ‘pays with his person’, keeping her private experiences out of the equation. Here we can refer to Lacan’s remark that ‘there is no other resistance to analysis than that of the analyst himself’: when the analyst’s feelings get involved – which is the explicit goal in the ego-analytic theories criticized in Lacan’s work – and the dummy is revived in the game, ‘the game will proceed without anyone knowing who is leading it’ (Lacan, 2006b, p. 493). Now, for the analyst to lead the game, despite how free she is in interpreting within the limitations of the symbolic register, she must have an idea about the endgame, her politics, what war is meant to achieve and what it can achieve, concerning the direction of the treatment.

Politics

What an analysis is supposed to achieve is for the analysant to find out how he, in his most singular way, with his imaginary identifications and symptoms, responded to the lack-of-being in the other. To preserve a place for desire in analysis, it is essential for the analyst to put the subject’s lack of being at the core of the analytic situation (Meganck & Inslegers, 2019). These politics should govern the strategy and tactics at all times.
Through so-called full speech, articulated in the context of transference, the analysant is put on the path of his subjective truth, which is a question of desire. By being confronted with the lack-of-being in the Other, the analysant finds out how he, in his most singular way, with his imaginary identifications and symptoms, responded to this lack. This concerns subjective truths that have been neglected so far, and this allows the analysant to act (e.g. by breaking with a certain repetitive pattern in his life).

To preserve a place for desire in analysis, it is essential for the analyst to put the subject’s lack of being at the core of the analytic situation (Meganck & Inslegers, 2019). The analyst will ‘pay with the most intimate of his judgement’, meaning she has no Other to rely on. The psychoanalyst cannot rely on her ego, but on her lack-of-being. As such, what is at stake is the confrontation of the lack-of-being of the subject with the lack-of-being of the Other. This exactly concerns the politics of the analyst, in which she has to rely on her lack-of-being, and as such, is not free in this matter at all.

Tactics, Strategy, and Politics in Supervision

Although Lacan clearly delineates the structure and direction of analytic treatment using these concepts, he did not discuss the implications for supervision. Yet, we believe that this is relevant. Given Lacan’s ideas on the practice of psychoanalysis, we assume a supervisor inspired by Lacanian psychoanalysis would refrain from focusing strongly on correct interpretations (tactics) or guiding clinicians in how they intervene practically. Rather we expect the supervisor to address matters of strategy, in particular, discussing the position of the supervisee in relation to transference, focusing on the symbolic dimension. Additionally, the supervisor presumably starts from the concept of lack-of-being, which implies that the analyst should, above all, make place for the analysant’s unconscious desire, making sure the supervisee is not bringing in his own issues.

METHODOLOGY

Sample

We recruited Lacanian psychoanalytically oriented therapists, who indicated having consulted supervisors from (different) Lacanian psychoanalytic societies. Most of these supervisors were based in Belgium. Some in France. All participants have their own private clinical practice, based in different parts of Flanders (Belgium), completed a post-graduate academic training in Freudian-Lacanian psychoanalysis, after which they continued their education as active members of Lacanian psychoanalytic societies. We aimed to include individuals with variable clinical expertise (how many years they had been practicing as a psychoanalyst) and variable years of consulting a supervisor. The current sample consists of five males and five females, ranging in age from 32 to 63 years, and with 6 to 40 years of clinical experience. All signed an informed consent. All names have been changed.

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Mathis (30, male) started supervision 8 years ago during his post-graduate training where supervision was required. He visited a couple of supervisors but could not recall much about this experience. It was only after completing his training that he fully committed to the process of supervision.

Gilles (44, male) has been in supervision with the same supervisor for 7 years. He also started seeing a supervisor during his academic post-graduate training. Hearing the supervisor speak at a conference evoked a transference and made him contact this analyst for supervision.

Fleur (56, female) has been in supervision for 10 years with the same supervisor. She consulted him when she started her clinical practice, after several years of analysis.

Lore (31, female) started her supervisory process during her internship as a clinical psychologist. Having had a good experience with her mentor, she continued the process with other supervisors (four in total) after getting her degree.

Maxim (44, male) consulted a supervisor after having experienced in his own analysis that speaking out loud has important subjective effects. After seeing a first supervisor for 11 years, he switched to a second supervisor for a brief period. Now he has been consulting a third supervisor for 5 years.

Amber (31, female) started supervision when she started a new job in a psychiatric ward, feeling she had nobody to discuss her cases with. Before seeing a Lacanian supervisor, she had been consulting a behavioural therapist as a supervisor. This had been an obligation at one of her previous jobs.

Joan (56, female) has been consulting a supervisor for 11 years. She started when she fully committed to her private practice. After seeing an ego-psychoanalysis oriented supervisor for 4 years, she switched to a Lacanian psychoanalyst as a supervisor.

Niels (59, male) started supervision 29 years ago. For Niels, his analyst and his supervisor are one and the same person. Sessions are clearly split between analysis sessions and supervision sessions.

Julie (37, female) started consulting a supervisor during her post-graduate training. When she took up a new position in a psychiatric ward, she started seeing a supervisor more frequently, as it helped her to orientate herself in working with her team members, hence making her feel less alone.

Noah (47, male) started supervision during analysis. Like Niels, Noah’s supervisor and analyst were one and the same person, with the exception that sessions are not split up between analysis and supervision. After finishing his analysis, he started consulting (sporadically) a new supervisor to continue discussing his clinical work.

Interviews and Data Analysis

Semi-structured interviews were carried out with all participants. In each interview we focused on the subjective experience and personal sense-making activity of each participant concerning their supervision (Smith, Flowers & Larkin, 2009). Concerning the ‘structured’ part, participants were asked to give a detailed personal
account of what the focus of their supervision was and how it affected their clinical work, how they experienced the interaction with the supervisor, and why they chose a particular supervisor. Interviews lasted between 50 and 70 minutes. All interviews were in Dutch and carried out by the first author.

The interviews were recorded and transcribed verbatim. Each interview was analysed and coded by means of thematic analysis. Hill, Thompson and Williams (1997), Pope, Ziebland and Mays (2000), Malterud (2001), Braun and Clarke (2006), and Smith, Flowers and Larkin (2009) were our main methodological points of reference. All authors completed a training in qualitative research. Each interview was followed up by in-depth discussion between all authors to address possible biases by the first author.

Qualitative research is designed to examine how people make sense of major life experiences (Smith, Flowers & Larkin, 2009, p. 1). It focuses on the experiences of individuals and works from the basic assumption that the individual who experiences something is the expert about that experience. The meanings and interpretations an individual use to describe his or her personal experience and insight is central to this approach. As such, we follow Braun and Clarke’s position (2006) that qualitative research is not about testing hypotheses, but about mapping an individual’s personal experience of the world. Therefore, data were collected by means of in-depth qualitative interviews, which are exploratory in nature and ensure that participants could elaborate freely about the subject under discussion. Interview data were then analysed for recurring themes to map the individual’s experiences. To do this, the first author collected the data, transcribed the interviews, and studied the transcripts. Our analysis focused on key themes of what is felt to be at stake in a Lacanian oriented supervision. The first author clustered themes and subthemes across the interviews, grouping them together to form broader superordinate themes. To do this, the first author examined whether connections between the themes and interviews could be identified. A superordinate theme is a cluster of similar but partially distinct themes. A systematic table of themes was created as a visual way of presenting the structure of the themes. Themes were ordered in terms of their overall importance in what the participants said. These were presented to the research team, together with relevant interview fragments (data available upon request). Based on a final joint discussion, some reorganization in the thematic table took place, resulting in four themes.

RESULTS

We identified four principle themes. The first theme concerns case construction and the shift from working around a clinical structure towards the singularity of the case. Through discussing cases, the supervisee learned to create a clear idea about key issues in the cases discussed, with the supervisor focusing on the singularity of the case. The second theme is about a shift from transference to transmission. They consulted supervisors of their choice: experienced clinicians, whose style attracted them and to whom they attributed clinical wisdom. Accounts of the supervision process
made clear that Lacanian supervisors don’t respond from an expert position, don’t teach, and don’t prescribe actions. Conversely, they listen attentively and ask questions, which stimulates the supervisee to elaborate a personal style and way of thinking about clinical work. A third theme we discerned was that participants indicated that Lacanian supervisors focus on the symbolic dimension of speech, and actively help supervisees not to get lost in the imaginary. Last, as our fourth theme, we also observed that Lacanian supervisors only focus on the supervisee’s clinical work, not the supervisee’s own analysis. Below we discuss each theme in detail.

Theme 1: Case Construction – From Structure to Singularity

First, supervision is a place where clinicians elaborate on a case, making explicit what they think is going on with their analysants: ‘What I learned from my supervisor is how to construct a case. The more you present a case, the more you learn how to construct it’ (Gilles). This exercise of case construction helped supervisees gain a clear idea concerning the given treatment, while also facilitating work with patients they considered difficult:

I was only able to bear working with that patient, knowing the logic of the case … It made me understand why I had to intervene and what I had to do (Amber).

All participants stated that this provided a clinical orientation, not only ‘putting the train on the tracks’ (Gilles) at the beginning of the treatment, but also making sure to keep questioning where the train was going: ‘My questions are often related to the logic of the case, how to orient myself, asking the question of the finality of the treatment’ (Fleur). This ‘logic of the case’ concerns the singular aspects of a given case which might be useful to orient one’s interpretations. This clinical orientation started with a focus on how patients presented themselves in structural diagnostic terms: ‘In the beginning, when I started supervision, the focus was on getting some things clear concerning the diagnosis: Is it psychosis? Is it neurosis?’ (Mathis). Theoretically, in Lacanian psychoanalysis, there is a differentiation between three important clinical categories: neurosis, psychosis, and perversion. Having recognized this clinical structure, the analyst will adopt a differential treatment based on the particularities of this structure. However, structural diagnosis is only a starting point. The focus is also on what is singular in every case:

I entered supervision to get something clear concerning diagnostics: Is it psychosis? Is it neurosis? Now, supervision is no longer about getting an answer to that question, but rather getting a grip on the logic of the case, of what’s happening now (Mathis).

Diagnosis therefore involves a tension between applying diagnostic categories (hysteria, paranoia, etc.) addressing the unique nature of each case: ‘It’s about being at the cutting edge of what’s at stake in a case’ (Maxim). As such, structural diagnosis is a steppingstone towards the specificity of a case.
Consequently, supervision was not focused on structural diagnostic questions, but on how to respond to specific events in the treatment process, a ‘knowing how to handle the singularity of the case’, which, according to Niels ‘is the core of supervision’, and which is a theme that appeared in all interviews. Amber indicated this was something she never experienced with previous supervisors (from other clinical orientations):

They weren’t concerned with the logic of the case … They weren’t thinking how it all fit together … how I should orient interventions … it all gets framed in the logic of the case and concerning that logic, different interventions are possible.

This was also experienced by other participants who had previous experiences with other forms of supervision.

Overall, in supervision, clinicians explicate a clinical case, constructing what they think is going on with their analysants, and offering a clinical orientation. This helps them to gain a clear idea concerning what is going on in the given treatment, while also facilitating work with patients they consider difficult. This clinical orientation started with a focus on how patients present themselves, considered in structural diagnostic terms, serving as a steppingstone towards the singular aspects of a given case.

**Theme 2: From Transference to Transmission**

The second theme concerns the importance of transference, in which a shift appears: from attributing expert knowledge to the supervisor, to developing the supervisee’s own style of how to act in his practice as a psychoanalyst.

All participants indicated they consulted a supervisor who they considered to be an experienced clinician:

It stands or falls with the transference to your supervisor … There should be an assumption, I think. Not without critique, but there has to be a certain interest in what the supervisor has to say and an assumption the supervisor knows what he’s doing in his clinical work (Gilles).

Participants had a feeling of trust and felt comfortable to discuss cases:

I choose him as a supervisor because I thought he was really good on a clinical level. I presumed he was going to teach me a lot and he was clear when he discussed something. I felt at ease and comfortable to discuss cases (Fleur).

It was striking to hear how each participant highlighted a certain aspect related to their supervisor’s ‘style’. For one participant, it was the fact the supervisor was active in supervision, for another it was the supervisor being joyfully enthusiastic about clinical work; yet for another it was the supervisor being clear when explaining things, being firm or unconventional. Each of the supervisees were drawn
to their supervisor because of a singular aspect, a particular way of being present in social situations. This evoked transference.

Although supervisees typically started supervision from a student–like position, in which they adopted a dependent attitude vis-à-vis the ‘master’ supervisor, supervisors hardly acted as authority figures: ‘He was someone who knew a lot more than me, who’s a lot further in his process than me, but without it becoming something like “Well, I’ll explain it all to you”’ (Lore). As such, the supervisor doesn’t teach: ‘It’s not about coaching’ (Gilles). Nor does she prescribe actions: ‘It’s not about: here, this is the manual, follow these guidelines. It’s not like that at all’ (Fleur). When the supervisor imposes interventions, this can evoke a negative transference: Amber recalled her first supervisor (a behavioural therapist):

All the time he gave me solutions, telling me what to do and the only thing I could think was: I don’t want to do that kind of intervention and then I had to question why and dissect why I didn’t feel like doing that … It just didn’t feel right.

Instead of being given a manual, supervisees learned how to construct a case, making them consider how to position themselves in the transference and develop their own way of how to position themselves and intervene in clinical work. First, the supervisor helped the supervisees to think about how to handle transference:

He was someone who was able to think with me, yes, about which interventions were possible, but also, and this helped me a lot, on an ethical level … on how to position myself in the transference (Maxim).

Second, as the supervisor doesn’t prescribe actions, the supervisee is stimulated to develop their own style of intervening in a given case:

Supervision always had its effects, whatever it was … it’s not literally about knowing or knowledge. There’s a little bit of knowledge, but, that’s not essential, it’s a ‘knowing-how-to’ (Fleur).

Consequently, there is a shift in the attribution of knowledge, where the supervisee no longer relies on the expert knowledge of the supervisor, but starts to formulate his or her own responses.

In summary, this theme concerns a shift from supervisees relying on the expert knowledge of a supervisor to developing their own style of intervening in a given case. Participants consulted someone they considered to be a ‘master’ supervisor, while being drawn to a certain aspect of their supervisor’s style. Supervisors avoided acting as a coach, but taught the supervisees to construct a case, while making them consider how to position themselves in the transference and develop their own style and way of thinking about clinical work.

**Theme 3: From the Imaginary to the Symbolic**

A third theme concerns the focus on a particular way of listening to patient narratives, in which the supervisor advocates a shift from ego to Other, or from the imaginary dimension
to the symbolic dimension of speech. The supervisor makes sure that unexpected or remarkable details in patients’ stories are addressed: ‘Supervision generally makes sure there’s a focus on the speech of your patient, it’s an echo in a certain way’ (Gilles). As such, supervision is a kind of fine-tuning that stimulates the supervisee to listen to exact expressions and to how such expressions return across storylines: ‘My hearing has been adjusted’ (Gilles). One key element that several interviewees returned to is Lacan’s famous saying: ‘Gardez-vous de comprendre’ (‘Beware of understanding’). Participants made clear that the supervisor helped them to be more careful in drawing conclusions about what a patient was actually communicating in therapy, making clear that beyond the obvious meaning of words, specific expressions might also have a particular value for the patient:

With patients, it happens you start to think: I know what it’s about, I know him or her. I know the story. Supervision counters this. The supervisor is like ‘no, no … do you notice what he said? Does that signifier mean what you think it means?’ It has the function of making you focus, to make you remember you don’t know your patient. He makes me listen in a way that I don’t focus on the story, but on the signifier (Gilles).

Starting from this ‘beware of understanding’ attitude, the supervisors challenged the supervisees, making them more careful in drawing conclusions:

On the one side supervision made me more certain as a therapist, about what I have to do as a therapist, but on the other side … it made sure I wasn’t certain at all. It prevented me from thinking that I knew what was going on now. Supervision is about: be careful, wait a minute, look back (Lore).

The supervisor steers the supervisee away from certainty: ‘When you get too sure about something, the supervisor startles you’ (Niels). This does not only concern the supervisee’s fixed ideas about an analysant, but also what he believes about psychoanalytic theory and practice. Mathis explained: ‘I had a very strict ideal image about psychoanalysis, but that image wasn’t correct, you have to work in a different way’. He gives the example of working with a young girl, where the supervisor suggested he could invite her parents into the session. This surprised him, as he would never have thought of doing so. This example made clear to him that ‘supervision has to help you get rid of certain prejudices or ideals … it has to surprise you’ (Mathis).

Theoretically, this surprising effect implies that the imaginary gets countered, which produces attentiveness to new details: ‘It’s a process, where, again and again, it focuses on the surprise, to make something happen’ (Niels). In almost every interview, such experiences of surprise came to the fore. Suddenly, supervisees see things differently: they start hearing what they hadn’t previously heard during a session, change their ideas and develop new ideas about intervention. When such surprising effects are missing, supervisees seem to have the feeling the supervisor is predictable, which makes them lose interest:

After seeing the same supervisor for a while, I had a couple of cases of which I thought, well, I think he’s going to say this or that and he’s going to interpret it like this or that (Joan).
When the element of surprise seemed absent, they started looking for a new supervisor.

Overall, this third theme concerns the idea that analysts should not be blinded by dominant storylines and the ideas these entail. This imaginary dimension should be disrupted by paying attention to surprising details that stimulate the free associative production of new materials. Supervisors stimulate supervisees in effectuating this transition.

**Theme 4: ‘It is not analysis’**

Fourth, participants indicated that in their supervisory process, there was a clear difference between supervision and a personal analysis. Supervision ‘is about my patient’s case, what he needs, not what I need. When it’s about what I need, then I have to discuss this in analysis’ (Maxim). The supervisee’s private issues are taken out of the equation. Lore even stated: ‘When it’s about: “how do you feel?”’, well, then it’s no longer supervision … That’s something to discuss in analysis’. This makes supervision a place to freely elaborate on the case of a patient, making clear what has to be done:

> After a certain time, I thought it was a very safe place. I knew what I had to do over there. I entered and discussed a case. We had a conversation and that was safe. In the beginning, I thought that was strange, but over time, I thought it was something pleasant (Amber).

When a supervisee is asked to elaborate on her or himself, this seems to have negative effects:

> With my other supervisor, this didn’t feel right. All the time I had to look at myself, wondering what I was doing wrong. I don’t know if it’s incorrect to do that in supervision, but it didn’t help me at all (Amber).

Noah illustrates how combining supervision and analysis presents another pitfall:

> The analyst stressed I could discuss cases in my analysis, but this had the effect that whenever I stumbled upon something while discussing a case, I could switch to discussing countertransference and as such avoid going into the details of the case.

Mixing both supervision and analysis allowed him to avoid talking about personal issues in his analysis, because he would then switch to discussing a case.

This split between supervision and analysis does not imply that Lacanian supervisors ignore the subjective position or the unconscious of the supervisee. According to our participants, they do point out subjective issues, but never focus on the further elaborations. Those should be taken up in analysis when the supervisee is ready to discuss this. As such, although supervision and analysis are distinct, they do influence each other: ‘Because I talked about that in supervision, it had a huge effect in my analysis, because … well … I knew something was up’ (Fleur). Some
started supervision because of analysis, others returned to analysis because of supervision. Maxim indicated that when the focus of supervision shifts too much to one’s own unconscious, a new question for analysis may arise:

When I notice I start talking about my own miserable person, my own history, when I start to connect that to the case, when that starts to bother me, that’s a question for analysis.

Although Lacanian oriented supervisors differentiate between supervision and analysis, several participants indicated they had hoped their supervisor would be more provocative to them as a person: ‘A reason for me to change supervisor would be the fact that I expected him to say more things about my style, to shake me up a bit more’ (Mathis). Julie felt the same:

I wasn’t completely shaken up after supervision and this doesn’t suit my vision on supervision. I wanted to be challenged a bit more, to be confronted with my blind spots a bit more, to be questioned on them …

In summary, this last theme concerns the distinction between supervision and personal analysis. The supervisor makes sure the focus is on the case being discussed and not on the subjective issues of the supervisee. Although supervisees want to be questioned on their own subjectivity, it seems for the Lacanian oriented supervisor, this should be taken up in the supervisee’s own analysis.

DISCUSSION

This study was designed to gain insight into the day-to-day practice of Lacanian supervision, focusing on supervisees’ first-person perspectives. Using a thematic analysis, we discerned four themes. Supervision helped supervisees to construct a case, while enabling a shift from a structural clinic to the singularity of the case. Participants chose their supervisor because of their clinical expertise and a personal aspect which appealed to them. Instead of meeting a master figure or a coach, they found a place to elaborate on their clinical practice and master their own way of how to orient themselves in their clinical work. Participants indicated that Lacanian supervisors focus on the symbolic dimension of language, preventing entrapment in the deceptiveness of the imaginary. Finally, supervision focuses on the case being discussed. Analysing the feelings or subjective story of the supervisee is for analysis. This indicates a distinction between supervision and psychoanalysis, the latter being the place where personal items appearing in supervision can be discussed.

Direction of the Treatment

Using ‘Direction of the Treatment’ (Lacan, 2006b) as theoretical framework, we can conclude that indeed, Lacanian supervision doesn’t consider the matter of tactics. Lacanian supervisors don’t act as experts saying what the supervisee has to do in a certain case or how one has to interpret the analysant. The supervisee is free in this matter. They do however focus on the matter of strategy, namely the symbolic
dimension of speech and how supervisees should position themselves in the transference, according to the structural diagnosis being discussed. Participants also indicated that beyond this structural diagnosis, the supervisor focuses on the singular aspects of the case. This conclusion concurs with the idea the supervisor should be a ‘subject-supposed-to-hear-otherwise’, bearing in mind Lacan’s statement that supervision should be called super-audition (Dulsster & Vanheule, 2019). The supervisor is there to counter the deceptiveness of the imaginary, making sure the supervisee focuses on full speech: the discontinuities, the formations of the unconscious in the discourse of the analysant. The supervisor prevents the supervisee from getting stuck in fixed ideas or in his own presumed knowledge, focusing instead on the ‘beware of understanding’. She will keep open the lack in the Other, making sure the Otherness of the Other, the singularity of the analysant can appear. This concurs with Brousse (2015), who states that the analyst/supervisee should have the experience of ‘fighting-against-something’ instead of ‘feeling-a-certain-comfort’. The latter has adverse consequences because the assumption of understanding everything makes us fall asleep (stops us from listening, making us understand too easily). The supervisor disrupts the elaborations of the supervisee’s ego, which thinks it ‘knows’. As such, waking up the supervisee, surprising him, and keeping him on his toes is one of the functions of supervision. Consequently, as the danger of falling back on the imaginary is ever present, supervision is a never-ending process. Although many participants seemed to have changed supervisors over the course of their formation as an analyst, some even being in supervision for 30 years, none of them seemed to suggest that the supervisory process was finished.

**Surprise and Transference**

Two important findings are the element of surprise and the matter of transference. In all interviews, the dimension of surprise came to the fore. This happens when a deceptive aspect of the imaginary is countered. Participants changed supervisors when the dimension of surprise disappeared, when they felt able to predict what the supervisor was going to say about a certain case. This finding should be considered by supervisors, since this indicates there is also a chance they could get stuck in their own ideas about psychoanalysis and also have to ‘stay awake’ in supervising.

Concerning transference, it seems crucial to be free to choose one’s supervisor. This should be considered when thinking about clinical training. First, many institutes appoint a supervisee to a supervisor, as supervision is enclosed in most of the training programs of psychoanalytic institutes. There, supervisors participate in the evaluation of analysts in formation, sending reports with their assessments of the candidate’s progress to an educational committee overseeing training. The idea of evaluation by supervisors is absent in the Lacanian orientation, making sure supervisees have a safe place to disclose thoughts and constructions about a case. However, this also implies that supervision from a Lacanian perspective is a never-ending process. Second, when looking for a supervisor, most analysts look for a colleague who is presumed to be more experienced and knowledgeable. Usually the
demand for supervision is directed by transference, addressed to an analyst who has made a name for herself. This was present for all participants, facilitating their process, making them trust the supervisor and making them feel at ease. It’s important to note the idea of evaluation wasn’t completely absent, as most supervisees wondered what the supervisor was thinking of them. This also seemed to have implications on which cases were discussed.

A curious but essential detail was that participants talked about a singular trait of the supervisor being important for them. In our interpretation, there is something of the drive at stake (a gaze, a smile, enthusiasm, being stringent), which evoked a transference, beyond the assumption of clinical expertise. The notion of the drive indicates some aspects of Being cannot be grasped through language, and the drive cannot be simply reduced to the symbolic. These unarticulated elements of the drive will serve as a cause of desire for the subject, giving ‘flesh and bones’ to sessions. It seems this same dimension is not only a cause of desire for the subject in analysis, but also in supervision. When appointing supervisors or making supervisees choose from a list, one neglects this dimension, making supervision less productive.

**Stages of Supervision**

In their review of Lacanian supervision literature, Dulsster and Vanheule (2019) discerned different stages in supervision. The first stage being that of The Rhino, where supervisees are encouraged to follow their own movement or inspiration. The second concerns the stage of the pun, consisting of playing on the equivocations and double meanings in language, while the third stage is about the presence of the analyst, how she gives ‘flesh and bones’ to the sessions. Our findings seem to concur with these stages. As the supervisor doesn’t focus on interpretations, she lets the rhino have his way. She just makes sure the rhino rampages in the symbolic direction. The stage of ‘the presence of the analyst’ only seemed to appear in two interviews, the best example being that of Niels, who said his supervisor told him ‘to learn to say things in 1000 different ways’, stressing the dimension of the voice and how this can be used in clinical practice.

**Counterproductive Effects**

Concerning counterproductive effects, it appears that when the supervisor takes up the position of a master, supervisees tended to shy away. It seems supervisors shouldn’t impose certain interventions, nor a therapeutic frame. The problem with power imbalances (Forshaw, Sabin-Farrell & Schröder, 2019), deriving from evaluative roles, influencing the therapeutic relationship seemed to be absent in our study. This shouldn’t surprise us, as the evaluative aspect of supervision seems generally absent in Lacanian institutes, as Lacan strongly opposed this (Moncayo, 2006).

A problem that did seem to appear was the repetitiveness of the diagnosis of psychosis, which had the effect the supervisees ‘knew’ what the supervisor was going to say. This often made them look for a new supervisor. The discussion why Lacanian psychoanalysts often discern the diagnosis of psychosis is a paper on its
own, but we gladly refer to Redmond (2014) in his discussion on Ordinary Psycho-
sis and the Body and Vanheule (2011) on The Subject of Psychosis. More impor-
tantly than the repetitiveness of the diagnosis of psychosis, it seems the fact that the
supervisors takes up the role of a master, ‘correcting’ the supervisee, not letting the
rhino go his own way. A Lacanian supervisor should be wary of this.

Last, although Lacanian oriented supervisors seemed to make a clear distinction
between supervision and analysis, supervisees still expect from the supervisor to get
some remarks on their personal style, thoughts or ‘blind spots’. Although most
agreed that personal stuff should be taken up in analysis, they consider it the task of
the supervisor to point them out.

Beyond Supervision

However important supervision is for clinical work, participants referred to other
things that are equally important to practice. There is the analysis itself, their work
in psychiatric wards, the formative effects of working with analysants, the impor-
tance of clinical and case presentation, working in theoretical or clinical cartels,
study days and conferences, reading and writing cases, and so on. These are distinct
from supervision, with analysis being the most important.

Our study also shows the importance of safeguarding a clear distinction between
supervision and analysis. The supervisor shouldn’t concern herself with analysing
the supervisee. She can, however, pinpoint certain aspects. The supervisee can take
up these remarks and work with them in analysis. As Moncayo (2006) states, when
supervision and analysis take place concurrently, a problem that arises in supervi-
sion may also facilitate movements or breakthroughs in the personal analysis of the
supervisee. As such, Lacanian supervision agrees with Grinberg (1997), who states
that supervision is not and must not be therapy.

Limitations and Future Research

Concerning the limitations of the study, it must be emphasized that all of the partici-
pants were positive about (their) Lacanian supervision. Future studies may benefit
from inquiring about less successful or unsuccessful supervision processes and com-
paring these data with the results from the present study.

A promising line of research would be to focus on platforms ‘beyond’ supervi-
sion. It would be interesting to examine if similar formative effects are affected
through clinical and case presentations, study days, conferences, and so on. The dis-
tinction between supervision and analysis, which most participants highlighted
seems to be a topic which should be discussed and examined more deeply.

Another suggestion would be to focus on the question for supervision, hypothe-
sizing there being a difference between the question of a starting analyst and a
senior analyst. This could have an impact on the supervisory process. We would
also advise a study focusing on the reasons why therapists enter supervision.

Lastly, it would be interesting to see how all of this relates to other kinds of
supervision.

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NOTE

1. In line with Lacan we write analysant with a ‘t’ and not with a ‘d’. The term ‘analysand’ denotes a passive position; it’s the word used to refer to a person who undergoes analysis. ‘Analysant’ points to an active position. It is the active form of the French verb ‘analyser’ (to analyse). Lacan prefers the expression analysant because of the active role it gives to the one who decides to engage in psychoanalysis (Lacan, 1974/2017).

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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