

The process of Lacanian talking therapy and its supervision considered closely. A conceptual- qualitative study

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An anecdote preliminary to any possible introduction to my dissertation.

Working in a center for mental health care, I was consulted by Katherine.¹ She wanted to leave her partner, as he was treating her badly. However, she felt emotionally dependent and did not feel like she had the strength to do so. It was not the first time she was in such an abusive relationship. Her first husband was a notorious alcoholic; her second partner constantly cheated on her. When in the next session, she discussed her father, she told me her father was also a notorious alcoholic, constantly cheated on her mother and that her mother was emotionally dependent on her husband, unable to leave, never taking any stand. Not believing what I just heard, I enthusiastically (and proudly) pointed out that the sequence in which she described her father was exactly the same order as her relationships: an alcoholic, a cheater, and being emotionally dependent. She indicated this was an interesting remark.

The subsequent session she told me that my remark had kept her awake at nights the whole week. She could not stop thinking about it. I asked her what exactly had struck her in such a way. “Well,” she said, “the fact you repeated ‘Katie’ when I talked about myself has been keeping me up all week.” The Oedipal interpretation was completely irrelevant to her. My unintentional remark, just repeating ‘Katie’, had had a tremendous effect. For her, it referred to ‘little Katherine.’ The entire therapeutic process revolved around this diminutive, the fact she saw herself as little, making herself small, letting herself be abused by others. It really struck me how an unintentional intervention could have had such an effect.

Indeed, as stated by Malengreau (2008, p. 73): “What a subject is entitled to expect from an analysis, if (s)he decides this, is that (s)he can manage him or herself in life in a better way. The question that arises is how psychoanalysis makes this possible.”

¹ For reasons of confidentiality we use pseudonyms throughout this thesis.

1

INTRODUCTION

In this chapter we provide a general introduction to this dissertation. First, we discuss the importance of process studies and how studies concerning the Lacanian therapeutic process seem to be absent in this line of research. Next, we present qualitative research as one of the promising ways to systematically study the psychoanalytic process. As (consensual) qualitative research stresses the importance of a group as a ‘think tank’, we turn to the methodological innovation of the cartel as introduced by Lacan. Finally, we discuss the research questions which oriented us throughout this dissertation and present a short overview of the chapters.

The Importance of Process Studies

Meta-analytic studies concerning psychoanalytic therapy show promising results (Gaskin, 2014; Shedler, 2010; Leichsenring & Rabung, 2008/2011; de Maat et al., 2013). However important these positive results can be, they do not inform us about the factors and variables that produce these results (Garfield, 1990). Effectiveness research does not address many crucial elements concerning what exactly happens in the process of psychotherapy (Seligman, 1995; Westen, Novotny & Thompson-Brenner, 2004). Focusing on the psychotherapeutic process is crucial, however, as it can help us to improve the efficacy and efficiency of psychotherapy. Understanding the mechanisms of change can bring order and parsimony to the current status of multiple interventions, while also optimizing therapeutic change. If we know how change comes about, perhaps we can direct better, stronger, different, or more numerous strategies that trigger the critical change process(es) (Kazdin, 2007). An additional benefit would be the potential improvement in the training of therapists once knowledge about the significant therapeutic variables that have been obtained (Garfield, 1990).

In general, discussion and theory about why psychotherapy changes people are plentiful, but supporting evidence is quite rare (Kazdin, 2007). This is also true for the process of psychoanalysis, and even more so for Lacanian psychoanalysis. The latter seems constantly excluded from overview studies, presumably because of the radical opposition concerning the matter of transference and the absence of dialogue between the other different psychoanalytic approaches. Gabbard (2004), outlining the basic principles of psychoanalytic therapy, states that the patient's transference to the therapist is a primary source of understanding the patient's character and pathology. The therapist's countertransference provides valuable information about what the patient induces in others and the patient's resistance to the therapy process is a major focus of the therapy. Likewise, Weinshel (1984, p. 69) states that "The resistance, together with its successful negotiation by the analyst (most often by interpretation), is the clinical unit of the psychoanalytic process."

Although a Lacanian-oriented psychotherapist would agree that speech in psychoanalysis cannot be distinguished from transference, for her it will not be a mere process of two comparable agencies (sender and receiver) exchanging information, but an interaction between two (or more) individuals and a third position, namely the dimension of the symbolic. In a Lacanian-oriented psychotherapy, the psychoanalyst will hardly ever discuss matters of transference but rather position herself in the transference to provoke further speech from the analysant. As such, this form of psychoanalytic psychotherapy seems to oppose itself to what other psychoanalytically oriented process studies define as the core of the psychoanalytic

process. We must state that systematic process studies concerning the Lacanian psychoanalytic therapy process are scarce to non-existent. Since this perspective inspires clinical therapeutic work across the globe, reaching more and more clinicians, it seems important to systematically study this process.

Qualitative Research

One of the promising ways to systematically study the psychoanalytic process is the method of qualitative research (Kazdin, 2007). Qualitative research is an approach to the subject matter of human experience and focuses on narrative accounts, descriptions, interpretation, context, and meaning. It concerns a rigorous, verifiable, empirical, and replicable set of methodologies that encompasses many different disciplines and diverse design, assessment, and data-analytic strategies (Denzin & Lincoln, 2005; Lune & Berg, 2001). Qualitative research can provide a fine-grained analysis by intensively evaluating the richness and details of the process, including how change unfolds, and who does not change and what might be operative here (Kazdin, 2007). Although in social sciences its usage is much broader, in the domain of psychology, it is designed to examine how people make sense of life experiences (Smith et al., 2009). Its focus is on the experiences of individuals and works from the basic assumption that the individual who experiences something is the expert about that experience. In other words, the way in which the individual describes his or her personal experience and insight is central to this approach. In this way, individual participants or cases are focused on intensively, examining the processes, meaning, characteristics, and contexts of the phenomena of interest, the process here being Lacanian psychoanalytic therapy.

To increase the reliability of qualitative research, Hill, Thompson, and Williams (1997) introduce Consensual Qualitative Research (CQR). In CQR a group is introduced as a ‘think tank’. CQR relies on team members, using unconstrained methods of coming to consensus through open dialogue. The process places a value on researchers working together collaboratively as a team to construct a shared understanding of a phenomenon. This process involves an open exploration of all ideas, a willingness to compromise, and an attentiveness to power dynamics so that each person’s voice is heard and valued equally. Introducing several researchers provides a variety of opinions and perspectives and helps to circumvent the biases of any one person. It is also helpful for capturing the complexity of the data. Individual researchers could easily miss crucial nuances of the data because of their biases and working as a group is helpful for capturing the complexity of the data. Groupthink is minimized because

team members independently examine the data prior to discussions with the team and an outside auditor serves as an additional check of the team's judgments. The consensus process relies on mutual respect, equal involvement, and shared power (Hill et al., 1997). This idea of consensual qualitative research resembles a 'methodological innovation' introduced by Lacan that is now present at the heart of many Lacanian psychoanalytic schools: the cartels (Rollier, 2017).

The Methodological Innovation of the Cartel

Lacan had the idea that the International Psychoanalytic Association (IPA), a major psychoanalytic school, had become a bureaucratic machine that found new ideas and clinical techniques threatening. When he created his new psychoanalytic school in 1964, the Ecole Freudienne de Paris, he outlined in his 'Founding Act' (200 [1964]) some proposals for a new form of organizational structure to create a space where it was possible to provoke knowledge, open to innovations in theory and technique.

Four or five people choose each other and gather around a text or theme they want to study, confronting one's own interpretation of a text with that of others. The idea of the cartel is to provide an opportunity to break the silence, to take the floor, meet new people while sharing their interest in psychoanalysis. As such, it counters the passive absorption of pieces of knowledge as they are offered in traditional teaching forms such as lectures. Speaking and articulating in a cartel what one thinks or what one has understood helps one to get a grip on complex theory (Geerardyn, 2020 [1993]). Additionally, a reading of an utterance can be criticized, oriented in a new way. The cartel thus becomes a place of elaboration, of re-elaboration, or even a trans-individual mode of elaboration (Lacadée, n.d.). Each member enters the cartel with a certain question, tries to elaborate an answer through the material that is discussed and gets challenged by the other participants. Each cartel member brings his or her own bit of knowledge, elaborations, and critique, working from their insignia (traits): from the experience or working with autistic children, or having studied philosophy, or being a physician, or from another psychoanalytical orientation... (Miller 2018 [1986]). What is introduced by entering into a cartel is a more systematic, rigorous way of working.

At the end, when all is said and done, one has to produce an individual product which can ultimately take the form of a written article. What the cartel introduces is a process of writing: at the very beginning of a cartel, each member chooses and writes down his own specific topic of work. The idea is they pursue a work which must have a product proper to each one and not collective. Writing down your topic of work at the starting point of the cartel

makes sure that when the cartel is dissolved, each member will have an idea of the progress that has been made, and of new questions which arose. This written product and the trans-individual elaboration are what the work in the cartel is about. This product can then be presented and discussed in the psychoanalytic school.

The one that looks over this process, incarnating the function of someone who makes sure the reading progresses, that each participant arrives at an individual product, is the ‘plus-one’. It’s not that the plus-one should be identified with the fifth participant, who, incidentally, can participate in the cartel like the four others, but is present as an idea, which can shift over all participants. It is not the introduction of a master, but someone who has to provoke elaboration, making sure the group works whilst avoiding imaginary effects taking place (thinking we understand each other / not questioning one another) and making sure the effects of a leader (someone who knows it all and imposes all his or her ideas) in a group become reduced to a minimum. Lacan’s idea with the cartel was not to deny the fact that there’s a leader, but that it can be reduced to a minimum by making a function out of it (Miller, 1994). On the plus-one falls the burden to watch over the internal effects of the cartel, and to stimulate its elaboration, sharpen the focus (Gallagher 2010). He or she will make sure the cartel is the place where each person, one by one, can come and have his or her work acknowledged by consenting to a trans-individual elaboration that will lead him or her to produce a product which, even if it is proper to each one, will bear the mark of the elaboration of several (Lacadée, n.d.). Second, the plus-one will make sure this elaboration, this writing, can be released inside the cartel and encourage the cartel members to expose their production to a larger audience, or to get it published in newsletters or journals.

Research Questions and Overview of the Chapters

For (Lacanian) psychoanalysis, to remain a discipline that evokes new knowledge, and that thereby maintains a place, a usefulness, and a relevance, within the entire array of sciences of human behavior, the placement and development of formal and systematic psychoanalytic research is necessary (Shedler, 2010). If not, it runs the risk of becoming ignored. Shedler (2010) refers to the dismissive stance of American psychoanalysis towards research, which did not win friends in academic circles. It had the effect of becoming overlooked as a relevant discipline. We agree with Kernberg (2011) that psychoanalysis needs the university. He believes that in the long run, failure to establish these alliances will constitute a severe threat to the future of the psychoanalytic profession and science. This study is a humble attempt to start

closing the gap between Lacanian psychoanalysis and academic research, offering an in-depth study of the Lacanian psychoanalytic process.

Considering all of the above, this dissertation starts from the question of what the essential, irreducible cores of the Lacanian psychoanalytic process are and questions the Lacanian conceptual models which explain the processes responsible for therapeutic change. This dissertation is collection of four articles plus a general discussion, trying to answer this question.

In chapter two, we aim to map and interpret the factors that stand out as relevant to personal change in Lacanian psychoanalytic therapy from a first-person perspective. Using interview data of participants' personal accounts of their therapeutic journey, we apply a thematic analysis (Braun & Clarke, 2006) to gain insight into what they believed effectuated change. We provide a descriptive thematic account of what patients indicated as being crucial to change. Second, we interpret the data within the context of Lacan's (1966 [1953]) seminal text 'The Function and Field of Speech and Language in Psychoanalysis', which provides a theory of change in psychoanalysis. To collect our research sample, we invited psychoanalysts from an international Lacanian school to ask patients who had recently finished their treatment if they wished to talk about the analytic process and the change they experienced during this process. In recruiting participants, we aimed to include individuals with therapies of variable duration. No preselection was made in terms of participants' diagnosis, age, or gender, yet we aimed to interview participants with varying lengths of therapy, and who had no theoretical knowledge of psychoanalysis.

In our third chapter, we focus on how psychoanalysts view the therapeutic process. As such, we interviewed the psychoanalysts of the participants of our second chapter, focusing on how they perceived the therapeutic journey of their patient and what they considered to be their role in this process. We again applied a thematic analysis. Furthermore, we interpret the data within the context of Lacan's discourse theory, one of the models proposed by Lacan to grasp the process of psychoanalysis.

Since one of the results of our third chapter indicated that supervision was important for the psychoanalysts, we decided to further elaborate on the matter. Although supervision seems essential, there is hardly any research done on the Lacanian supervisory process. In a broad-scale, century-spanning psychoanalytic supervision literature review, Watkins (2019) found only one academic article discussing Lacanian supervision (Moncayo, 2006), this being a theoretical discussion of Lacanian supervision, not even really offering clinical guidelines for the supervisee and his or her supervisor. As supervision doesn't just impact the supervisee

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(increased job satisfaction, lowering therapist burnout, professional development (Fleming & Steen, 2004; Falender, Shafranske & Ofek, 2014)), but also affects the patients through more effective therapy, symptom reduction, and the increased ethical practice of their therapists (Bradshaw et al., 2007; Lichtenberg, 2007; Watkins, 2011), this must be discussed in a systematic way. This is the aim of our third and fourth chapters.

In our fourth chapter we discuss two principal ideas about supervision from Lacan's work: making the analyst sensitive to the symbolic component of the unconscious and becoming sensitive to the interrelation between language and *jouissance*. These ideas comprise two stages that Lacan discerned in the process of supervision: the 'stage of the rhino' and the 'stage of the pun.' We illustrate Lacan's distinction between these stages by means of vignettes from analysts who were supervised by Lacan. We argue that an additional third stage should be discerned, concerning the challenge of incarnating the position of the so-called object *a*. Last, we discuss the pitfalls that an analyst might experience when conducting and directing the analytic work, namely the consistency of the imaginary, the delusion of the symbolic, and the body as real.

Next, building on our conceptual study in chapter four, we elaborate in chapter five on how Lacanian supervision is practiced on a day-to-day basis. Using interview data of supervisees' personal accounts of supervision, we applied thematic analysis to gain insight into what supervisees believed were crucial components in their Lacanian supervision. We interpret the data within the context of Lacan's (1966 [1957]) text 'The 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 elements that structure the actions of the analyst, guided the data analysis.

In our sixth and final chapter, we discuss the overarching themes that run through the different chapters of this dissertation, ending with an ode to one of the important signifiers in this study: Surprise!

References

- Bradshaw, T., Butterworth, A., Mairs, H. (2007). Does structured clinical supervision during psychosocial intervention education enhance outcome for mental health nurses and the service users they work with? *Journal of Psychiatric and Mental Health Nursing*, 14, 4-12. doi: 10.1111/j.1365-2850.2007.01021.x.
- Braun, V., Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- de Maat, S.; de Jonghe, F., de Kraker, R.; Leichsenring, F.; Abbass, A.; Luyten, P.; Barber, J. P.; Van, R.; Dekker, J. (2013). The Current State of the Empirical Evidence for Psychoanalysis: A Meta-analytic Approach. *Harvard Review of Psychiatry*. 21/3, 107-137. doi:10.1097/HRP.0b013e318294f5fd
- Denzin, N.K.; Lincoln, Y.S. (2005). Introduction: The Discipline and Practice of Qualitative Research. In N.K. Denzin & Y.S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 1-32). Thousand Oaks, CA, Sage Publications Ltd.
- Falender, C.A., Shafranske, E.P. & Ofek, A. (2014) Competent clinical supervision: Emerging effective practices. *Counselling Psychology Quarterly*, 27, 4, 393–408.
- Fleming, I. & Steen, L. (2004) Introduction. In: Fleming, I. & Steen, L. (eds), *Supervision and Clinical Psychology: Theory, Practice and Perspectives*, pp. 1–14. New York: Brunner-Routledge.
- Gabbard, G.O. (2004). *Long-term psychodynamic psychotherapy: a basic text*. American Psychiatric Publishing. Arlington, VA.
- Gallagher, C. (2010). The Founding Act, the Cartel and the riddle of the PLUS ONE. The Letter: Irish Journal for Lacanian Psychoanalysis. Downloaded on 7th of November from: <http://www.lacaninireland.com/web/wp-content/uploads/2010/06/Founding-act-cartel-+1Cormac-Gallagher-Letter-44.pdf>
- Garfield, S.L. (1990). Issues and Methods in Psychotherapy Process Research. *Journal of Consulting and Clinical Psychology*, 58/3, 273-280.
- Gaskin, C. (2014), *The effectiveness of psychoanalysis and psychoanalytic psychotherapy: A literature review of recent international and Australian research*. Melbourne: PACFA.
- Geerardyn, F. (2020 [1993]). 4+1: Een Psychoanalytische werkvorm. Lacans herlezing van Freuds massapsychologie. *Psychoanalytische Perspectieven* [Psychoanalytic Perspectives], Special Issue, 19-24.
- Hill, C., Thompson, B., Williams, E. (1997). A Guide to Conducting Consensual Qualitative Research. *The Counseling Psychologist*, 25/4, 517-572.

1. Introduction

- Kazdin, A.E. (2007). Mediators and Mechanisms of Change in Psychotherapy Research. *Annu. Rev. Clin. Psychol*, 3, 1-27.
- Kernberg, O. (2011). Psychoanalysis and the university: a difficult relationship. *International Journal of Psychoanalysis*, 92, p. 609-622. doi: 10.1111/j.1745-8315.2011.00454.x
- Lacadee, P. (Unknown). The Cartel of Lacan's School. Retrieved from:
[http://www.iclo-nls.org/wp-content/uploads/Pdf/The%20Cartel%20in%20Lacan's%20School%20by%20Philippe%20Lacadee%20\(1\)\(6\).pdf](http://www.iclo-nls.org/wp-content/uploads/Pdf/The%20Cartel%20in%20Lacan's%20School%20by%20Philippe%20Lacadee%20(1)(6).pdf)
- Lacan, J. (1966 [1953]). The function and field of speech and language in psychoanalysis. In *Ecrits* (pp. 197–268). [English ed. translated by Bruce Fink (2002)]. New York, NY: Norton. (Original work published 1953)
- Lacan, J. (1966 [1957]). Direction of the Treatment and the Principles of Its Power. In *Ecrits* (pp. 489- 542). [English ed. translated by Bruce Fink (2002)]. New York, NY: Norton. (Original work published 1957)
- Lacan, J. (2001 [1964]). Acte de Fondation [Founding Act]. In *Autres Ecrits* (pp. 229-242). Seuil. Paris
- Leichensring, F.; Rabung, S. (2008). Effectiveness of Long-term Psychodynamic Psychotherapy. A Meta-analysis. *Journal of the American Medical Association*, 300/13, 1551-1565.
- Leichensring, F.; Rabung, S. (2011). Long-term psychodynamic psychotherapy in complex mental disorders: update of a meta-analysis. *Br J Psychiatry*, 199, 15-22.
- Lichtenberg, J.W. (2007). What makes for effective supervision? In search of clinical outcomes. *Professional Psychology: Research and Practice*, 38, 27-8. doi: 10.1037/0735-7028.38.3.268.
- Lune, H., Berg, B.L. (2001). *Qualitative research methods for the social sciences* (9th Edition). Pearson.
- Miller, J.-A. (1994). *Le cartel dans le monde. Intervention à la Journée des cartels du 8 octobre 1994 à L'ECF* [The Cartel in the World. Intervention at the study days of the cartel on the 8th of October 1994]. Retrieved from:
<https://www.causefreudienne.net/cartels-dans-les-textes/>
- Miller, J.-A. (2018 [1986]). Five Variations on the Theme of Provoked Elaboration. *4+one* (5). The NLS cartels' Newsletter.
- Moncayo, R. (2006). Lacanian perspectives on psychoanalytic supervision. *Psychoanalytic Psychology*, 23, 527–541.

1. Introduction

- Rollier, F. (2017). *The cartel's whirlwind. Affinities between the cartel and Lacanian Psychoanalysis*. Retrieved from:
<https://londonsociety-nls.org.uk/index.php?file=Cartels/Texts-on-Cartels/Presentation-on-cartels-by-Frank-Rollier.html>
- Seligman, M. E. (1995). The effectiveness of psychotherapy. The Consumer Reports study. *American Psychologist*, 50, 965–974. <http://dx.doi.org/10.1037/0003-066X.50.12.965>
- Shedler, J. (2010) The efficacy of psychodynamic psychotherapy. *Am Psychol*, 65, 98-109.
- Smith, J.A., Flowers, P., Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London, UK: Sage.
- Watkins, C.E. Jr (2011). Does psychotherapy supervision contribute to patient outcomes? Considering thirty years of research. *The Clinical Supervisor*, 30/2, 235-56. doi: 10.1080/07325223.
- Weinshel, E.M. (1984). Some observations on the psychoanalytic process. *Psychoanal Q.*, 53, 63-92.
- Westen, D., Novotny, C. M., & Thompson-Brenner, H. (2004). The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in controlled clinical trials. *Psychological Bulletin*, 130, 631–663. <http://dx.doi.org/10.1037/0033-2909.130.4.631>

2

LACANIAN TALKING THERAPY CONSIDERED CLOSELY: A QUALITATIVE STUDY

In this chapter² we aim at mapping and interpreting the factors that stand out as relevant to personal change in Lacanian psychoanalytic therapy from a first-person perspective. Using interview data of participants' personal accounts of their therapeutic journey, we applied thematic analysis to gain insight into what they believed effectuated change. Second, we interpret the data within the context of Lacan's seminal text 'The Function and Field of Language and Speech in Psychoanalysis', which provides a theory of change in psychoanalysis. We discerned five principal themes, each of which revolves around a single aspect of the therapeutic process. Participants indicated that they came to the therapy at a moment of crisis, experienced a surprising reframing, and that they had found somebody who paid close attention to their speech. Because of this, they also began to consider their speech, and this helped them to see themselves in a new light. It helped them to reflect on what they really wanted. Participants indicated that such self-reflection was directly related to personal change. We situate these themes in terms of Lacan's seminal text 'Function and Field of Language and Speech in Psychoanalysis'. We observed reasonable coherence between the key themes discerned in our participants' interview data, and the key points Lacan stresses in 'Function and Field'.

² This chapter is based on: Dulsster, D.; Vanheule, S.; Cauwe, J.; Ingouf, J.; Truijens, F. (2019). Lacanian Talking Therapy Considered Closely: A Qualitative Study. *Psychoanalytic Psychology*, 36/1, 19-28. doi: 10.1037/pap0000187

Introduction

Although Lacanian psychoanalysis inspires clinical therapeutic work across the globe, few studies have systematically explored how this psychoanalytic process works. Indeed, numerous authors have described how a Lacanian analysis proceeds (e.g., Fink, 2007), and Lacanian analysts have even outlined what changed for them during their analysis in their ‘testimonies of the Pass’ (Bonnaud, 2012; de Halleux, 2013; Lysy, 2010). Autobiographical accounts of patients testify to personal experiences of Lacanian psychoanalysis (e.g., Haddad, 2002; Rey, 1989). However, few qualitative studies with patients that have undergone a Lacanian analysis have been carried out. In this study we explore patients’ experiences of a psychoanalytic process and the subjective transformations it effectuated. To do so, we build on interview data and focus on the first-person perspective.

Studies that have addressed the processes and mechanisms of change in other—non-Lacanian—psychoanalytic traditions, outline the mutative effects of interpretation and patterns of interpersonal interaction (Jones & Ablon, 2005). In the former, attention is paid to the process of gaining self-knowledge, self-understanding and insight. In the latter, the focus is on the importance of empathy, the sense of safety, containment of feelings, the holding environment and the therapeutic alliance (Modell, 1976). In their interaction structure theory of therapeutic action, Jones and Ablon (2005) combine both the former and the latter, emphasizing the presence and meaning of recurring patterns of interaction in the ongoing process of gaining insight and self-understanding, which eventually has a healing effect. For Fonagy et al. (1993), psychological self-understanding requires a context in which the therapist tries to understand the mind of the patient through interaction. Jones and Ablon (2005) argue that such a structure of interaction is not wedded to any particular theoretical perspective.

Remarkably, few studies on the process of change in psychoanalytic therapy use qualitative designs that systematically map experiences from a first-person perspective. Because the patient is the one experiencing the therapy, he or she is best placed to make sense of what happened in the therapy. Nonetheless, most studies seem to use standardized rating scales (Jones & Windholz, 1990; Luborsky & Crits-Christophel, 1990; Seligman, 1995; Vaughan, Spitzer, Davies, & Roose, 1997; Waldron et al., 2004) or the perspective of therapists (Friedman, Bucci, Christian, Drucker, & Garrison, 1998) to measure the process of change in therapy. We believe that using a first-person perspective to measure the process of change in therapy is more appropriate, particularly given the change in self-experience that psychoanalytic therapy aims for.

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Concerning effectiveness research, Seligman (1995) and Westen, Novotny, and Thompson-Brenner (2004) claim that efficacy studies omit many crucial elements concerning what exactly happens in the process of psychotherapy. Typically, psychotherapy is not prescribed for a fixed duration and continues until the patient either improves or terminates. The use of brief, fixed treatments is generally a consequence of trying to bring psychotherapy under experimental control, and this, more often than not, simply interferes with the natural course of a treatment. Therapy is also self-correcting, in that if one technique is not working, another one is used and so the therapy ‘adapts’ itself to the patient. Another element omitted in effectiveness research is that patients who are in the field of psychotherapy often begin their therapy after a period of ‘shopping around’, so to speak, eventually entering the type of treatment that they actively sought, with a therapist they personally selected. This is very different from being randomly assigned to a therapist for research purposes (for an example of such research on psychoanalytic therapy, see Meganck et al., 2017). Moreover, patients seeking help from psychotherapists often consult with multiple problems (Seligman, 1995; Westen et al., 2004). Yet patients in efficacy studies are often selected based on diagnosis and inclusion or exclusion criteria. This is problematic. Westen et al. (2004, p. 635) observe that “in clinical practice, symptoms initially identified as primary may not remain the focus of treatment over time.” Furthermore, efficacy studies tend to focus on symptom reduction and whether patients still meet the criteria for specific disorders at the end of the treatment. Psychotherapy, however, is more concerned with the general improvement in the functioning of patients.

Thus considered, the present study aims at mapping and interpreting the factors that stand out as relevant to personal change in a naturalistic Lacanian psychoanalytic therapy from a first-person perspective. Using interview data of participants’ personal accounts of their therapeutic journey, we applied thematic analysis to gain insight into what they believed effectuated change.

Below we provide a descriptive thematic account of what patients identified as crucial to change. Second, we interpret the data within the context of Lacan’s seminal text ‘The Function and Field of Speech and Language in Psychoanalysis’ (Lacan, 1953/1966), which provides a theory of change through psychoanalysis. Our overall focus concerns how patients make sense of their therapy and how Lacan’s theory might help us understand their experiences. We map their viewpoints and situate them relative to theoretical ideas formulated in Lacan’s text. Participants’ viewpoints are used to inform us of the subjective effects of the Lacanian approach to therapy.

Method

Sample

To collect our research sample, we invited psychoanalysts from an international Lacanian school to ask patients who had recently finished their treatment if they wished to talk about the analytic process and the change they experienced during this process. In recruiting participants, we aimed to include individuals with therapies of variable duration. No pre-selections were made in terms of participants' diagnosis, age or gender, yet we aimed to interview participants that had no theoretical knowledge of psychoanalysis. Six people (from five different psychoanalysts) responded to this request. All psychoanalysts involved in this study (four males, one female; aged between mid-30s and mid-60s; all white Caucasian) are also qualified clinical psychologists who completed postgraduate training in psychoanalysis and are members of a psychoanalytic society.

The patient sample comprised four females and two males, white Caucasian, aged between 23 and 59 years, with full-time employment. The length of their therapy ranged between nine months and 16 years. All participants considered the therapy to be effective and believed that it helped them make important life changes.

Lucy is a 23-year-old female social worker who completed nine months of therapy with a frequency of one or two consultations per week. The interview was conducted a few weeks after the end of her therapy. She entered therapy because of issues at work and the feeling of not being assertive enough. Several things changed for her during the therapy: She found a new job and moved away from her parents, altering her position toward them.

Emmy is a 35-year-old woman who works as a music therapist and family counselor. Initially she consulted the psychoanalyst for supervision, which, after four sessions of supervision, prompted her to ask him for therapy with a frequency of one session per week. She was confronted with her position toward her patients and her children, which provoked distressing memories. She ended the therapy after nine months, and during this time was able to take a new position in her professional life and a new position toward her mother, who had a very destructive impact on her. The interview was conducted a few weeks after the end of her therapy. Emmy was the only participant who had some knowledge of psychoanalysis.

Daniel is a 59-year-old male teacher. He entered therapy because of chronic stress, resulting in physical symptoms. He ended the therapy two years ago, after seeing the therapist for two years, with a frequency of one session per week. During the therapy he changed his attitude toward his parents and his own affective experiences, realizing that his symptoms were linked to affective distress.

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Elisabeth is a 45-year-old female teacher who entered therapy because of anxiety, burn-out and feelings of depression. At the end of the therapy, one year ago, those feelings were gone. She also changed her position toward her mother and chose a new professional career. Her therapy lasted two years, with a frequency of two sessions per week.

Hans is a 44-year-old male IT specialist. He completed 10 years of therapy, with a frequency of two sessions per week. His reason for consulting the psychoanalyst was the breakdown of a relationship. During the therapy, it became clear that he had a problematic relationship with a female friend and suffered from procrastination. Eventually his position toward this friend changed and he could finally act on things that had been postponing.

Anna, a 42-year-old woman, works in marketing. She completed 16 years of therapy, with an intensity of one session per week, approximately three years ago. She entered therapy because of chronic alcohol abuse. In the therapy she stopped drinking, but more importantly she could move beyond the drama that she experienced in relation to her parents, which allowed her to move more freely in life.

Interviews and Data Analysis

Semi-structured interviews (in Dutch) were carried out with all participants. Each interview focused on the subjective experience and personal sense-making activity of each participant concerning their therapy (Smith, Flowers, & Larkin, 2009). Participants were asked to give a detailed personal account of the reasons why they started therapy; what changed because of the therapy; how they made sense of this change; how they ended the therapy; and how they experienced the interaction with the analyst. Interviews lasted between 50 and 70 min. Five interviews were carried out by the first author of this paper and one by a co-author.

The interviews were recorded and transcribed verbatim. Each interview was analyzed and coded by means of thematic analysis (TA), paying close attention to the participants' subjective experience of the therapeutic process. Pope, Ziebland, and Mays (2000), Malterud (2001), Braun and Clarke (2006), and Smith et al. (2009) were our main methodological points of reference. All authors completed a training in Qualitative Research. During the data analysis, the authors chose to follow a thematically oriented reading of the data as it specifically taps into the process of change.

TA is designed to examine how people make sense of major life experiences (Smith et al., 2009, p. 1). This method 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 way (i.e., meanings and interpretations) in which the individual describes his or her

personal experience and insight is central to this approach. TA is not about testing hypotheses, but about mapping an individual's personal experience of the world. In line with TA, data were collected by means of in-depth qualitative interviews, which are exploratory in nature and ensure that the participant can elaborate freely about the subject under study. Interview data were then analyzed for recurring themes in order to map the individual's experiences. To do this, the first author collected the data, transcribed the interviews, and studied the transcripts. The interview of Lucy was carried out by a co-author.

For the analysis, all authors studied each interview in detail, using anonymized audiotapes and transcripts. Each author coded the interviews, mapping what emerged as most crucial to the process of change in the therapy for the participant, and what effectuated change. Our analysis focused on key themes and steps in the experience of change in particular, following the steps of TA such as described by Braun and Clarke (2006). Subsequently, all authors met to discuss their interpretations and coding for each interview, focusing on specific themes and subthemes that came to the fore. Following this, the first author made a consensus coding for each interview, which was discussed with one of the co-authors for accuracy. Next, the first author clustered themes and subthemes across the interviews. The themes that emerged were grouped together to form broader superordinate themes. To do this, the researcher 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 themes that emerged in the data. Themes were ordered in terms of their overall importance in what the participant 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 five overall themes.

Results

Thematic Analysis

We identified five principal themes, each of which revolves around a single aspect of the therapeutic process: Theme 1, "I experienced a surprising reframing"; Theme 2, "I met somebody who really listened to what I said"; Theme 3, "I learnt about myself by hearing my own speech"; Theme 4, "I see myself in a new light"; Theme 5, "I started to wonder what I really want." Participants indicated that they came to the therapy at a moment of crisis and that they had found somebody who paid close attention to their speech. Because of this, they experienced a surprising reframing and also began to consider their speech, and this helped

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them to see themselves in a new light. More specifically, it helped them to reflect on what they really wanted. Participants indicated that such self-reflection was directly related to personal change. All participants concluded that the therapy ended in an open-ended way. Below we discuss each theme in detail.

Theme 1: “I experienced a surprising reframing.”

Typically, participants were confronted with a subjective crisis that prompted them to consult the psychoanalyst (e.g., relationship trouble, professional difficulties, chronic alcohol abuse...). Prior to this, some had already been to a therapist or talked with parents or friends, which had not helped. Once they began to talk to the analyst, their crisis was reframed, and they were confronted with different questions that they had to address. The sense of urgency that characterized the start of the therapy was clearly illustrated by Lucy: “Well, I talked to people, I had the feeling, well, I’ll do anything, I’ll try anything to get out of this impasse.” However, this characteristic also emerged as important during the therapy, because without it, as Daniel remarks:

“What would be the point of doing therapy? I need to have the urge to work . . . I think, it must be there . . . I couldn’t go into therapy and then for the first six months just say, I don’t know what I’m doing here . . . I think when you go into therapy, you should know why.”

Once the therapy commenced, all participants were confronted with other questions, which became more relevant than the urgent matter that had initially brought them to consult the analyst, thus creating a shift in focus:

“And this was hard because, yes, there are certain things in your life . . . where you think beforehand that they are alright, but at a certain moment I started to doubt a lot things, my relationship with my partner, my job, a lot of things.” (Lucy)

Daniel explained this by calling it “a rude awakening”:

“I had to do something about it, because, I could no longer blame external factors, it’s just me, and this was “a rude awakening” like they say in English, so that was really a rude awakening of how I always blamed other things, but it’s just me, myself, and I have to

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do something about it, but I'm no longer able . . . it can't happen again that I get to this point".

Such a “rude awakening” made participants move beyond the initial moment of crisis:

“So, I started with the therapy because the relationship with my girlfriend had ended. In analysis, it became clear that my ex-girlfriend, that it wasn't really a problem, but in fact, more the dependency on another girlfriend . . . that was much more difficult.”
(Hans)

Often, this shift produced an element of surprise, as unexpected issues came to the fore:

“Well, something I'm thinking about right now is, uhm, because . . . the death of my grandfathers . . . I had no idea that I would have talked about that so much. At a certain point, I talked about that a lot.” (Lucy)

Theme 2: “I learnt about myself by hearing my own speech.”

One of the main themes in the data concerns the subjective effect of speech. Participants indicated that talking out loud to the analyst produced change. The therapy functioned as a place of ‘free speech’ where they could say anything that was on their mind, without censorship or fear of being judged. They learned to articulate their thoughts, which was difficult since often the thoughts they articulated were somewhat incompatible with their usual self-other representations. Through free speech, certain words began to acquire weight, and became more significant to the participants:

“Well, I guess it's because I talked a lot about all that stuff, I had to say a lot out loud and I had to say it to someone. Yeah, a person can think a lot, but that is something that just keeps on going, but from the moment you say something, that does . . . a lot.”
(Lucy)

Participants indicated that during the sessions they were encouraged to articulate everything that came to mind: “In the therapy there's no-one saying, wow, you're saying that you want your mother dead or you say that . . . the light has such a strange effect on you,

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everything could be said” (Elisabeth). Because of this, they learned to articulate inner thoughts and listen to their own speech in a way they had not done before, paying detailed attention to the content of their utterings, peculiar details, and incoherent ideas. This was experienced as a difficult thing to do, but also liberating. The following fragment illustrates this:

“I just wished that my mother would die, because that was, for me, the only solution at that time . . . but now I see this differently, but at the time it seemed like the only way to escape the chaos in my head. I thought I would finally have some rest. But learning to say such a thing, yeah, that . . . was really confronting.” (Elisabeth)

It also had a surprising effect on participants: “it was because I was in therapy . . . and I had to talk a lot, euhm, it boiled down to the fact that it mattered what I thought and that what I think seems to be important, because I think it’s important” (Lucy) ; “And hearing myself say something and then often, it sounded like ten times stronger than how I actually said it” (Emmy). This process helped them to reevaluate their opinions and attitudes, and subsequently approach previous issues differently: “But, yeah, change, what caused change? . . . I suppose that, in the end, yeah, speaking, being confronted with my speech, yes, I suppose that’ll be it” (Hans). Emmy formulated this as follows:

“Really putting it over there with the analyst and thinking about this and really hearing myself speak . . . it was most of all because of that, that I thought, this is really going too far. You keep on pushing your boundaries in life and after a while you stop thinking about that, after a while you’re in a role in your life that you keep on repeating, because that’s the role that’s yours, but when suddenly there’s someone standing next to you that makes you think about those things, without saying too much, because it’s not that he said a lot, but because of the things I was saying out loud, again and again and again that I thought: this isn’t normal. I really made that “click” because of hearing myself talk and thinking afterwards, yeah, this isn’t right. I had that insight and realized I should stop doing that. There was no other way, that feeling was strong at a certain point.”

Eventually, this allowed them to take a different position in their lives:

“Even though I didn’t see her a lot . . . I was entirely engulfed by it, the entire story that I have of her (her mother) and by being able to talk about that out loud and putting it

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next to each other, it made it possible to physically have . . . less a feeling that it is one part. That I have my own story, my own life, my own future.” (Anna)

Theme 3: “I met someone who really listened to what I said.”

It was not simply hearing one’s own speech that created effects, but the fact that the speech was addressed to someone else; to someone who paid detailed attention and valued what they said. This mobilized participants to reconsider the meaning of their own words and associated intentions. All participants indicated that the analyst was someone who paid great attention to what they said, and created an atmosphere of freedom to explore whatever they were concerned about:

“But the thing was, he always said, “speak, speak,” because often, I didn’t know what I had to say and then when he said, “just speak, think out loud” then I thought, ok, if it’s ok to say whatever I want... maybe it wasn’t always ok what I was thinking, what do I know... but there was an openness to say that.” (Lucy)

With this attentive listening, they started to listen to themselves in different ways, thus drawing different conclusions. Emmy articulated this shift as follows: “But because of really saying it out loud to the analyst, because, yeah, I could talk about that with my sister, they were worried, but truly saying that in the treatment with the analyst and really thinking it through and hearing myself speak, because it was most of all because of this, that I thought, it’s really going too far.” The participants described their analyst as someone who was silent. This gave them the space to speak, and even urged them to do so:

“So, I enter and he sits down and says: “yes?” (silence) that’s it, that was his opening phrase. “Yes” (silence) and then there you are . . . you just want to fill in the silence and start to speak.” (Daniel)

Interestingly, because of the analyst’s overall silent attitude, participants paid close attention to what the analyst actually asked, said or did at specific moments:

“But the moments that he said something, then, yeah, then I had to know it! For fuck’s sake, what is he going to say? What is going to come out of his mouth, what is he going to say and about what.” (Lucy)

Finally, participants also indicated that the analyst helped them to connect parts of their story and pointed toward aspects of choice and responsibility. At particular moments, when conflicts or ambiguities emerged that participants failed to notice, the analyst pointed toward what had been said:

“I always found it really insightful how he could put things when I was saying something. For example, but this was more at the end, the link between me and my mother . . . I couldn’t see this and then he points towards that and I think, yes, indeed, when you look at it, it’s nearly unbelievable that this process was so parallel and because he said it I could see it and this was something that I often had with him, well, not that he explained a lot or pointed a lot towards things. But now and then I think, how is it possible that I couldn’t see that.” (Emmy)

Theme 4: “I see myself in a new light.”

By speaking to the analyst, hearing their own speech and accepting the analysts’ interventions, participants started to see themselves in a new light, paying attention to neglected aspects of their own functioning. Talking out loud put a process in motion that helped them make connections between disconnected parts of their story or acknowledge things they had been neglecting thus far. By repeatedly stumbling on the same topics they began to pay attention to these, which urged them to act differently. This shift had a process-like character: “When you say things out loud, you must take those things into account, it’s a process I guess, it gets things going” (Lucy). Emmy and Elisabeth (both struggling with their mother) were most surprised by the insight they gained out of linking disconnected parts of their story:

“As a kid, I was scared a lot that one of my mother’s suicide attempts would be successful . . . until I couldn’t take it anymore, I recognized that they were attempts to prevent her from going into a crisis. I had the insight that I kind of wallowed in that, that I thought, yeah, I must do that, because it was my responsibility that my mother wouldn’t kill herself!” (Emmy)

“I noticed that my behavior was a reaction, a reaction to her behavior and that I played into it and then I really started to change and that wasn’t easy.” (Elisabeth)

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Importantly, to their own surprise they continued to dwell on specific themes, confronted with the question:

“If this keeps reappearing, what will I do with it? But because I kept talking about it, again and again and again that I thought, well this isn’t normal, so I made a change, yes, especially because I heard what I was saying and afterwards I thought, well, that’s not right. Suddenly I had that insight and I no longer had to do it. There was no other way. At a certain point this was such a strong feeling.” (Emmy)

Theme 5: “I started to wonder what I really want.”

Taking account of recurring patterns in their speech and functioning brought participants to question what they really want. This stimulated them to reconsider their choices in life: they were confronted with the question of their own aspirations as opposed to the expectations of others, and eventually reorganized aspects of their lives. They realized that, to a large extent, they are the authors of their own lives and as such they went from retroaction (i.e., contemplating past events) to action (i.e., relating differently in current contexts). This was linked to separation from old habits and ideas, which opened up the possibility of taking a new position in life:

“But because of the therapy I realized that I had to go and live alone and now I live alone. I realized that I had to have another job. Suddenly, I was forced to find another job, but in the end, it was me that found that job. I guess, if I hadn’t talked about it so much, maybe I would’ve just stayed till the end of the contract and only then find a new job, but I did leave during the contract.” (Lucy)

This was clearly illustrated by Elisabeth, who had adopted some habits of her mother, and no longer wanted to function like that:

“Well, what I noticed was . . . because of my mother, she really wallowed in her grief and in her melancholia. The analyst always called it melancholia and it made me realize that I had taken over that pattern. I used to do that in conflicts with my husband, my kids, and sometimes I really let the melancholia take the upper hand. Then, I reread a lot of texts that I wrote before, that I used to write and this came up a lot, what I’ve been through and that blackness that appeared, while usually I’m positive and enthusiastic . . . that was

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something I learned that at those times, you have a choice and you can get carried away in your emotions and be flooded by them, but you have a choice, you can say: No, that's not me."

Theoretical Interpretation

Our theoretical interpretation starts from Lacan's seminal text 'The Function and Field of Speech and Language in Psychoanalysis' (Lacan, 1953/1966; henceforth abbreviated as Function and Field). This text marks Lacan's 'retour a' Freud,' and is considered as a programmatic text that concurs with the start of his public teachings (De Kesel, 2017; Miller, 1981; Muller & Richardson, 1994). Here, he articulates his early ideas about the praxis of psychoanalysis and synthesizes some of his key ideas about how psychoanalytic work is best conceptualized. As such, this is a good starting point to explore the effects of psychoanalytic work and examine how we can pragmatically use Lacan's ideas to grasp patients' experiences. Because this is an elaborate text, we decided to summarize the main ideas and build on the readings of Muller and Richardson (1994) and De Kesel (2017).

The first principal idea that Lacan puts forward in Function and Field is that psychoanalysis starts from the patient's speech, and makes people the subject of their own speech: "Whether it wishes to be an agent of healing, training, or sounding the depths, psychoanalysis has but one medium: the patient's speech" (Lacan, 1953/1966, p. 206). The analyst needs to provide the space for the patient to speak freely about whatever comes to mind, without moral judgment (De Kesel, 2017). In doing so the focus is not on underlying psychological processes, like emotional reactions, behavioral patterns or insightful comprehension, and does not aim at obtaining specific therapeutic goals: "Clearly advised by Freud to closely examine the effects in his experience of the danger sufficiently announced by the term *furor sanandi*, he [the psychoanalyst] does not, in the end, wish to appear to be motivated by it" (Lacan, 1955/1966, p. 270). In Lacan's view the "cure" only arrives "as an added benefit" (Lacan, 1955/1966, p. 270). In a later interview, he stated this as follows: "Psychoanalysis is the reign of speech, there is no other cure" (Lacan, 1974, unpublished article). Specifically, Lacan links his focus on speech to his notion of 'the subject' or 'the subject of the unconscious', which must be differentiated from the ego. Indeed, Lacan suggests that, to a large extent, mental functioning is governed by the ego. The principal role of the ego consists of establishing a coherent self-image. Yet, such an image is always deceptive: "analytic experience . . . teaches us . . . to take as our point of departure the function of misrecognition that characterizes the ego in all the defensive structures so forcefully articulated by Anna Freud"

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(Lacan, 1949/1966, p. 80). In his view, the subject concerns those aspects of my own functioning that I misrecognize because they do not fit my ego, and that, by doing so make up the truth of my symptoms. Lacan suggests that only by paying close attention to speech itself, and to the signifiers or words from someone's speech, can a so-called "realization of the subject" be effectuated (Lacan, 1953/ 1966, p. 206; Muller & Richardson, 1994, p. 70), which eventually has a healing impact. Whereas the ego tends to misrecognize the details of our own speech, the practice of Lacanian psychoanalysis makes people examine their own words and accept that what they say reveals important information as to who they are as a subject.

Applied to our results, we conclude that this first idea from Function and Field comes to the fore across themes 1, 2, and 3. The participants indicated that, to their surprise, the therapy did not focus strongly on the crisis that they arrived with (theme 1), but installed a praxis of free speech, which made them pay detailed attention to the nature of their speech (theme 2). With their listening style, the analysts stimulated this process (theme 3). As Lucy stated, her analyst was always saying "speak, speak", and she had freedom to talk about anything. She said things out loud and this had an effect on her, eventually pushing her toward change.

A second principal idea is Lacan's focus on 'full speech.' The analyst isn't concerned with the supposed reality of his patient, but with the subjective truth that is articulated through discontinuities in speech, symptoms and so-called productions of the unconscious, like dreams or slips of the tongue. Therefore, the analyst doesn't merely focus on the enunciated narrative, but on the act of enunciation too, where discontinuities that surprise the analysant³ come to the fore (Lacan, 1953–1954/1975). Discontinuities in speech point to where the ego fails, they mark the place of the unconscious and therefore also of the subject: "The unconscious is the chapter of my history that is marked by a blank or occupied by a lie: it is the censored chapter. But the truth can be refound" (Lacan, 1953/1966, p. 215). Specifically, Lacan (1953/1966, p. 215) suggests that psychoanalytic praxis aims at articulating censored material by focusing on symptoms ("monuments"); childhood memories ("archival documents"); lexical choices ("semantic evolution"); habits and cherished stories ("traditions"); and about distortions

³ In line with Lacan we write analysant with a 't' and not with a 'd'. The term 'analysand' denotes a passive position; it is 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 analyze). Lacan prefers the expression analysant because of the active role it gives to the one who decides to engage in psychoanalysis (Lacan, 1974/2017)

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characterizing speech about these elements. By doing so, ‘full speech’ is effectuated, and unconscious truth is articulated. Hence the claim concerning the analyst’s action:

“This is how he proceeds in the best of cases: he takes the description of an everyday event as a fable addressed as a word to the wise, a long prosopopeia as a direct interjection, and, contrariwise, a simple slip of the tongue as a highly complex statement, and even the rest of a silence as the whole lyrical development it stands in for.” (Lacan, 1953/1966, p. 209)

Our results show that just as the analyst focuses on speech, participants began to listen to their own speech differently (theme 3), thus paying attention to peculiarities and contradictory material (theme 2). All participants said that they felt they had met someone who listened differently to what they said (theme 2) and didn’t reciprocate communication (theme 3). This made them reconsider what they had been saying, and revealed elements of subjective truth, allowing them to see themselves in a new light (theme 4). As stated by Elisabeth, taking responsibility for what she said created the possibility of rewriting her history and choosing a new way of living life: the principal role of the psychoanalyst consists of validating signifiers and ideas in the analysant’s speech that are unexpected, or troublesome from the perspective of the analysant’s ego. Along this way aspects of desire that were first denied, can be recognized and accepted as belonging to oneself (Vanheule, 2011, p. 5). Remarkably, apart from Daniel, participants did not stress the attention paid to symptoms, manifestations of the unconscious, like slips of the tongue, or to childhood memories. For the participants, the focus was more on the surprising impact of the language they used and on repetitive patterns of speech, which made them question themselves. Hearing their own speech confronted them with choices and helped them reconsider their positions. In this context, participants underscored that it was them who did the work.

A third key idea from Function and Field is 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, 1953/1966, p. 213). As Lacan discusses transference, his focus is not merely on interpersonal dynamics, but on the observation that, qua sender of speech, the analysant receives his or her own message back from the receiver “in an inverted form” (Lacan, 1953/1966, p. 246). Transference is not a mere process of two comparable agencies (sender and receiver) exchanging information, but an interaction between two (or more) individuals and a

third position, in which assumptions are being made and agreements being sought (Nobus, 2000). By wondering how the psychoanalyst might interpret the words one is articulating, the analysant starts to consider his or her own words in a different way, wondering exactly which message he or she is conveying. Hearing one's own speech eventually reveals that the ego does not have total control over what is being said, which actualizes the dimension of the subject. Therefore, the Other that the analysant is principally confronted with is not the interpersonal other, but the Other that the unconscious is for the ego.

Applied to our results, this idea is articulated in the second and the fourth theme in particular. The analyst's attentiveness helped them listen to their own speech in different ways (theme 2). As stated by Emmy, the analyst's listening "made her speech sound ten times louder." By "putting it over there with the analyst" (theme 2) and hearing herself speak, she started to reconsider the message she was actually conveying in the sessions (theme 4). Again, participants did not link this process of reconsideration to working with slips of the tongue or dreams. This is remarkable because Lacan often stressed their importance in bringing out the Other of the unconscious. As only Lucy and Emmy talked about dreams and about how they surprised them, we believe this is something that requires further examination. As the interviewer and the participants focused mainly on the effects of speech, the question of how speech was organized in the sessions was not addressed.

A fourth key theme in Function and Field is that full speech articulated in the context of transference confronts the analysant with questions of desire: "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, 1953/1966, p. 231). Full speech makes clear that desire cannot be reduced to the control 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 self speak 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 to accept subjective truths that have been neglected thus far, and to act. However, according to Lacan desire is fundamentally related to lack: we desire because of a fundamental lack-of-being that cannot be resolved. The attempt to address desire through speech brings the analysant on the track of subjective truth; but such truth is always mendacious since it covers up the evanescent nature of desire.

In our results, this aspect comes to the fore across themes 4 and 5: participants indicated that they could see themselves in a new, more truthful light and that they found new ways of

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positioning themselves toward others. For example, Lucy stated that because of the therapy she not only realized that she had to move and live alone, but also started looking for a new job.

A fifth crucial idea in *Function and Field* is that “time plays a role in analytic technique in several ways” (Lacan, 1953/1966, p. 257). First, we cannot set a time limit to an analysis. Freud suggested that the unconscious is a timeless dimension; thus, the time of an analysis is experienced as indefinite as well. Therefore, there are no legitimate ways to predict what the patient’s time for understanding will be, or when analysis will be completed. A second time-related idea that Lacan formulates is that one must not fix the length of a session. The end of a session must be used as a scansion; it should mark a breach or an issue in the analysant’s speech: it “shatters discourse only in order to bring forth speech” (Lacan, 1953/1966, p. 260).

Although none of the participants considered their therapy complete, they all believed that therapy was enriching and had provoked change. While all participants decided to stop the process, they seemed satisfied with their therapeutic gains, indicating that they would continue ‘working’ on certain themes. We did not discern this ‘open-endedness’ as a theme, as it does not address the question of ‘what causes change’ during the therapy. Nevertheless, it does indicate how the participants frame the effects of therapy with the idea of an ultimate endpoint in mind. In his later work, Lacan emphasized that the kind of analysis that enables an analysant to also occupy the position of the analyst goes against this fantasy (Verhaeghe & Declercq, 2002): the end of analysis does not promise ever-growing self-knowledge but confronts the analysant with the way in which he or she lives *jouissance*.

Neither the end of a session as a scansion, nor the length of a session appeared in the speech of the participants.

The last key notion that we discern in *Function and Field* concerns the position of the analyst. Lacan stresses that the role of the analyst is to facilitate full speech. Using a music metaphor Lacan suggests that the analyst’s attentive silence aims at revealing the dimension of the subject: the analyst should let the patient play his music (speak) and simply punctuate this musical score with a metric beat: “analysis consists in playing on all the many staves of the score that speech constitutes in the registers of language” (Lacan, 1953/1966, p. 241). This also refers to the analyst’s abstention—his refusal to respond. The fact remains that this abstention is not maintained indefinitely; when the subject’s question assumes the form of true speech, the analyst will sanction it with his response. Being able to operate from this position is what will be at stake in supervision (Lacan, 1953/1966, p. 210).

The second theme identified in the data brought this dimension to the fore: all participants stressed that they were surprised by the detailed attentiveness and relative silence

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of the analyst. The silence made them speak and also made them more attentive to the words of the analyst. Daniel expressed this as follows: “So, I enter and he sits down and says: ‘yes?’ (silence) that’s it, that was his opening phrase. ‘Yes’ (silence) and then there you are, and apparently, you just want to fill in the silence and start to speak.” Lucy stated that the moments the analyst said something, she “had to know it! . . . what is going to come out of his mouth, what is he going to say and about what?”

Discussion

This study was designed to gain insight into what produces change in a Lacanian psychoanalytic treatment, focusing on patients’ first-person perspectives. Using thematic analysis, we discerned five themes, each of which revolved around an aspect of the therapeutic process: participants arrived at a moment of crisis but experienced a surprising reframing; they met somebody who really listened to what they said; they learned about themselves by hearing their own speech; they began to see themselves in a new light; and they wondered what they really want. Further, participants experienced therapy as an open-ended process.

We situated these themes in terms of Lacan’s seminal text ‘Function and Field of Speech and Language in Psychoanalysis’. In this text, Lacan stresses that psychoanalysis proceeds by realizing full speech in the context of transference. Such speech presents the analysant with subjective truth, for which she or he can take responsibility, which determines how the analysant subsequently acts. Overall, we observed reasonable coherence between the key themes discerned in the interview data, and the key points Lacan stresses in Function and Field. However, important ideas that did not emerge in the data include the realization of full speech by focusing on productions of the unconscious, or the use of the variable-length sessions and scansion. While Lucy spoke about the relevance of dreams, she did not emphasize them as hugely important for her therapy. Moreover, the more abstract idea of desire in its relation to lack did not emerge as a theme within the interviews. Next to that none of the participants mentioned the use of specific analytic techniques, such as interpretation.

Concurring with previous research (Jones & Ablon, 2005) our participants stressed that they acquired self-knowledge through their therapy. However, their accounts indicate that in the Lacanian psychoanalytic process, the focus was not on the presence and meaning of recurring patterns of interaction with the analyst in the therapeutic process. First, the focus was on the process of speech and on listening to oneself: through full speech the dimension of the subject was brought to the fore. Although participants attributed change to the effects of speaking to the analyst, it was difficult for them to reconstruct what exactly had occurred during

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the sessions. This should not surprise us. As Lacan (1953/2005) indicates, people engaging in psychoanalysis frequently qualify the experience as irrational, probably because the ‘sudden’ occurrence of full speech upturns their ego-related perspectives. From a Lacanian perspective, the key process of psychoanalysis is situated in the symbolic register: through free association a reorganization takes place in the network of signifiers and stories that make up a person’s self-experience. Neglected and repressed links between signifiers, which are presumed at the basis of symptoms, are acknowledged and gradually new circuits of speech get established. As a result, the position subject changes, which alters interactions. The ego, by contrast, is rooted in imaginary functioning and directed toward constancy and coherence in self-perception. As therapy progresses, the ego only gradually accepts changes at the level of symbolic articulation. Moments of insight come along as shifts or leaps that are always secondary to the reorganization of the signifiers in speech. Our results seem to reflect this: participants cannot pinpoint what exactly provoked change but suggest that the opportunity of articulating thoughts in detail, which was supported by the analyst’s sustained attention, was crucial. A full understanding of how this process works remains lacking.

We believe that this study contributes to the research by its focus on the patient’s perspective on how therapy facilitated change in their lives. Our findings stress the implication of speech and the practice of speech, which is easily overlooked.

The results of this study need to be interpreted in terms of specific strengths and limitations. One strength of this study concerns the varying lengths of the therapy. As stated by Seligman (1995), usually psychotherapy is not of fixed duration and keeps going until the patient improves or quits. Moreover, psychotherapy is self-correcting, in that therapists may adapt their technique throughout the therapy, based on feedback from patients. As such we have a more ‘naturalistic’ sample.

Although there were significant differences between participants’ length of time in therapy, there did not appear to be a distinctive mark in how they experienced change or the end of the therapy. There only appeared to be a difference for one participant (Anna, 16 years of therapy), who stated that she would consult the analyst again because they had interesting conversations. Other participants indicated that they would continue because there were things they could elaborate on, but for the moment they preferred not to.

This study raises the question as to whether clinical work that is guided by different psychoanalytic traditions (e.g., Freudian, object-relations, ego psychology . . .) would result in different experiences in patients. In this respect, it is noteworthy that our data could be interpreted from alternative psychoanalytic frameworks and produce similar themes. For

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example, from a Freudian perspective, therapeutic efficacy is expected from the mitigation of defenses or from the removal of repression, such that warded-off material can enter consciousness again, thus removing the pathogenic core of the symptom (Freud, 2006 [1913]). This process can be discerned in our data through themes 1, 3, and 4, although the focus was on the positions one has in life and not so much unconscious material. What is also central to Freudian psychoanalysis is that the analyst applies the rule of ‘free association’ and responds with ‘free floating attention’ (Freud, 2006 [1912]), such that repression can be acknowledged. In line with this idea, all participants confirmed that they were struck by how the analyst created a platform for their speech and listened intently to what they said: The analyst had a remarkable openness to their speech, and they could discuss anything that came to mind. This bears witness to effective implementation of free association and free-floating attention, yet none of the interviewees explicitly commented on the procedure of free association. However, in line with Freud’s (2006 [1911]) focus on dream interpretation, one might expect that dreams would be an important topic of discussion in recounting psychoanalytic work. Only two participants in this study briefly mentioned dreams. This might indicate that either Lacanian analysts are less focused on dreams, or that dreams were not deemed by participants as crucial to the change they experienced. Future research should explore the status of dreams in therapy more explicitly. Finally, from a Freudian perspective the question of transference is crucial (Freud, 2006 [1910a]). Although transference was not explicitly discussed in our interviews with participants, theme 2 indicates that all participants experienced positive transference, which fueled the analytic process. Freud (2006 [1910b]) stresses that to overcome repression or stagnation in free association, inner resistances that are linked to the patient’s transference toward the analyst should be addressed (Freud, 2006 [1912]). None of our participants talked about the analysis of transference, which might bear witness to a fundamental difference in how Lacanian analysts manage transference (Cauwe, Vanheule, & Desmet, 2017).

Concerning the limitations of the study, we relied on psychoanalysts to provide us with the contact details of interested participants. This may have resulted in a sample of participants with positive experiences only. Future research in this domain might benefit from using a sampling strategy that can ensure the inclusion of participants with a more nuanced range of experiences (e.g., positive, negative, neutral). With such a sample, we could explore the possible reasons why the patient’s felt that the therapy didn’t work and compare these data with the data from the present study. Furthermore, our research sample was small. However, the research group concurred that saturation was obtained and that clear patterns in the data could be discerned. To assess the process of change, we only focused on the perspective of the

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participants. Future research might benefit from including the analysts' perspective as well. Finally, when we recruited our participants, we did not sample in terms of psychiatric diagnosis. In terms of the Lacanian structural approach to diagnosis, most interviews we studied bear witness of the clinical structure of neurosis. However, no firm conclusions can be drawn from this comparison, which is why it was not included in the results. Across cases a remarkable consistency could be observed regarding what the participants appreciated about therapy. We hypothesize, if one would focus on psychosis, a more interactive and conversational style might be found in the organization of sessions (Strubbe & Vanheule, 2014; Vanheule, 2017).

This study presents several implications which further research should consider. First, this study suggests a relativism toward therapeutic interventions—why was it so difficult for participants to recollect interventions? Participants placed more importance on the function of speech and the analyst's active listening. As such, the position of the analyst seems to be more crucial than the analytic technique. When examining certain therapeutic protocols, we could explore whether it is the protocol that is helpful or the position of the therapist within the protocol. This also raises the question of transference and aspects of the relationship with the analyst that are important.

Second, although participants had different diagnoses (anxiety, alcohol abuse, somatic symptoms . . .), we did not discern much variation in the responses concerning what was deemed helpful in the treatment. As diverse as the diagnoses are, the results appear to converge. This seems to contradict the idea that different 'expertise' is necessary for every diagnosis.

Third, the first theme, where participants indicate that they 'experienced a surprising reframing,' supports Westen et al.'s (2004) critique of randomized controlled trials: symptoms that patients initially consult the therapist for may not remain the focus of the treatment over time.

Finally, given the importance of helping and allowing the patient's speech to unfold, we suggest prioritizing this in training programs and supervision. Where psychotherapy protocols might foster the idea that specific intervention techniques are considered most important, this study suggests that free speech, accurate listening, and solid handling of the transference are crucial. Therefore, psychoanalytic training should focus on these competences in particular (see Fink, 2007, 2017).

References

- Bonnaud, H. (2012). Tearing away the real. *Hurly-Burly*, 8, 93–96.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. <http://dx.doi.org/10.1191/1478088706qp063oa>
- Cauwe, J., Vanheule, S., & Desmet, M. (2017). The presence of the analyst in Lacanian treatment. *Journal of the American Psychoanalytic Association*, 65, 609–638. <http://dx.doi.org/10.1177/0003065117721163>
- de Halleux, B. (2013). Twingo. *Hurly-Burly*, 9, 159–163.
- De Kesel, M. (2017). *Subject of language: Reading The Function and Field of Speech and Language in Psychoanalysis*. Retrieved from http://marcdekesel.weebly.com/uploads/2/4/4/4/24446416/subject_of_language_kesel_def_def.pdf
- Fink, B. (2007). *Fundamentals of psychoanalytic technique: A Lacanian approach for practitioners*. New York, NY: Norton & Company.
- Fink, B. (2017). *A clinical introduction to Freud: Techniques for everyday practice*. New York, NY: Norton & Company.
- Fonagy, P., Moran, G. S., Edgcombe, R., Kennedy, H., & Target, M. (1993). The roles of mental representations and mental processes in therapeutic action. *The Psychoanalytic Study of the Child*, 48, 9–48. <http://dx.doi.org/10.1080/00797308.1993.11822377>
- Freud, S. (2006). De toekomstkansen van de psychoanalytische therapie [The Future Prospects of Psychoanalytic Therapy]. In *Werken* [Works] (Vol. 5, pp. 276–287). Amsterdam, the Netherlands: Uitgeverij Boom. (Original work published 1910)
- Freud, S. (2006). Over ‘wilde’ psychoanalyse [Wild Psychoanalysis]. In *Werken* [Works] (Vol. 5, pp. 320–328). Amsterdam, the Netherlands: Uitgeverij Boom. (Original work published 1910)
- Freud, S. (2006). Het hanteren van de droomduiding in de psychoanalyse [The handling of dream-interpretation in psychoanalysis]. In *Werken* [Works] (Vol. 5, pp. 448 – 455). Amsterdam, the Netherlands: Uitgeverij Boom. (Original work published 1911)
- Freud, S. (2006). Dynamiek van de overdracht [The Dynamics of Transference]. In *Werken* [Works] (Vol. 6, pp. 456 – 466). Amsterdam, the Netherlands: Uitgeverij Boom. (Original work published 1912)
- Freud, S. (2006). Over Psychoanalyse [On Psychoanalysis]. In *Werken* [Works] (Vol. 6, pp.

2. Lacanian Talking Therapy Considered Closely

- 280–286). Amsterdam, the Netherlands: Uitgeverij Boom. (Original work published 1913)
- Friedman, R. C., Bucci, W., Christian, C., Drucker, P., & Garrison, W. B., III. (1998). Private psychotherapy patients of psychiatrist psychoanalysts. *The American Journal of Psychiatry*, *155*, 1772–1774. <http://dx.doi.org/10.1176/ajp.155.12.1772>
- Haddad, G. (2002). *Le jour où Lacan m'a adopté* [The Day Lacan Adopted Me]. Paris, France: Editions Grasset & Fasquelle.
- Jones, E. E., & Ablon, J. S. (2005). On analytic process. *Journal of the American Psychoanalytic Association*, *53*, 541–568. <http://dx.doi.org/10.1177/00030651050530020101>
- Jones, E. E., & Windholz, M. (1990). The psychoanalytic case study: Toward a method for systematic inquiry. *Journal of the American Psychoanalytic Association*, *38*, 985–1015. <http://dx.doi.org/10.1177/000306519003800405>
- Lacan, J. (2005). *Le symbolique, l'imaginaire et le réel. Des Noms-du-Père* [The Symbolic, The Imaginary and the Real. Names-of-the-Father] (pp. 9–63). Paris, France: Seuil. (Original work published 1953)
- Lacan, J. (1966). Le stade du miroir comme formateur de la fonction du Je [The Mirror Stage as Formative of the I Function as Revealed in Psychoanalytic Experience]. In *Ecrits* (pp. 93–101). Paris, France: Seuil. (Original work published 1949)
- Lacan, J. (1966). Variantes de la Cure-Type [Variations on the Standard Treatment]. In *Ecrits* (pp. 323–362). Paris, France: Seuil. (Original work published 1955)
- Lacan, J. (1966). The function and field of speech and language in psychoanalysis. In *Ecrits* (pp. 197–268). [English ed. translated by Bruce Fink (2002)]. New York, NY: Norton. (Original work published 1953)
- Lacan, J. (1974). *Freud pour toujours* [Freud Forever]. Unpublished. Accessed February 18, 2017, from <http://aejcpp.free.fr/lacan/1974-11-21.htm>
- Lacan, J. (1975). *Le Séminaire I: Les écrits techniques de Freud* [The Seminar I: Technical Writings of Freud]. Paris, France: Seuil. (Original work published 1953–1954)
- Lacan, J. (2017). Conférence à Genève sur le Symptôme [Conference in Genève on the Symptom]. *La Cause du désir*, *95*, 7–24. (Original work published 1974)
- Luborsky, L., & Crits-Christophel, P. (1990). *Understanding transference: The CCRT method*. New York, NY: Basic Books.
- Lysy, A. (2010). 'Gotta go for it!' *Hurly-Burly*, *10*, 15–24.
- Malterud, K. (2001). Qualitative research: Standards, challenges, and guidelines. *Lancet*, *358*,

- 483–488. [http://dx.doi.org/10.1016/S0140-6736\(01\)05627-6](http://dx.doi.org/10.1016/S0140-6736(01)05627-6)
- Meganck, R., Desmet, M., Bockting, C., Inslegers, R., Truijens, F., De Smet, M., Vanheule, S. (2017). The Ghent Psychotherapy Study (GPS) on the differential efficacy of supportive-expressive and cognitive behavioral interventions in dependent and self-critical depressive patients: Study protocol for a randomized controlled trial. *Trials*, *18*, 126. <http://dx.doi.org/10.1186/s13063-017-1867-x>
- Miller, J.-A. (1981). La clinique Lacanien [The Lacanian Clinic]. L'Orientation Lacanien [The Lacanian Orientation]. Unpublished manuscript.
- Modell, A. H. (1976). The Holding Environment and the Therapeutic Action of Psychoanalysis. *Journal of the American Psychoanalytic Association*, *24*, 285–307.
- Muller, J., & Richardson, W. (1994). *Lacan and language: A reader's guide to Ecrits*. Madison, CT: International Universities Press.
- Nobus, D. (2000). *Diagnosis via speech and transference. Jacques Lacan and the Freudian Practice of Psychoanalysis* (pp. 6–55). London, UK: Routledge.
- Pope, C., Ziebland, S., & Mays, N. (2000). Qualitative research in health care. Analysing qualitative data. *British Medical Journal*, *320*, 114–116. <http://dx.doi.org/10.1136/bmj.320.7227.114>
- Rey, P. (1989). *Une saison chez Lacan* [A season with Lacan]. Paris, France: Editions Robert Laffont.
- Seligman, M. E. (1995). The effectiveness of psychotherapy. The Consumer Reports study. *American Psychologist*, *50*, 965–974. <http://dx.doi.org/10.1037/0003-066X.50.12.965>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory Method and Research*. London, UK: Sage.
- Strubbe, G., & Vanheule, S. (2014). The subject in an uproar: A Lacanian perspective on panic disorder. *Journal of the American Psychoanalytic Association*, *62*, 237–266. <http://dx.doi.org/10.1177/0003065114527616>
- Vanheule, S. (2011). Lacan's construction and deconstruction of the double-mirror device. *Frontiers in Psychology*, *2*, 209. <http://dx.doi.org/10.3389/fpsyg.2011.00209>
- Vanheule, S. (2017). Conceptualizing and treating psychosis: A Lacanian perspective. *British Journal of Psychotherapy*, *33*, 388–398. <http://dx.doi.org/10.1111/bjp.12301>
- Vaughan, S. C., Spitzer, R., Davies, M., & Roose, S. (1997). The definition and assessment of analytic process: Can analysts agree? *The International Journal of Psychoanalysis*, *78*, 959–973.
- Verhaeghe, P., & Declercq, F. (2002). Lacan's analytical goal: “Le Sinthome” or the feminine

2. Lacanian Talking Therapy Considered Closely

way. In L. Thurston (Ed.), *Essays on the final Lacan. Re-inventing the symptom* (pp. 59–83). New York, NY: The Other Press.

Waldron, S., Scharf, R.D., Hurst, D., Firestein, S.K., & Burton, A. (2004). What happens in a psychoanalysis? A view through the lens of the analytic process scales (APS). *The International Journal of Psychoanalysis*, 85, 443–466. <http://dx.doi.org/10.1516/5PPV-Q9WL-JKA9-DRCK>

Westen, D., Novotny, C. M., & Thompson-Brenner, H. (2004). The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in controlled clinical trials. *Psychological Bulletin*, 130, 631–663. <http://dx.doi.org/10.1037/0033-2909.130.4.631>

3

LACANIAN DISCOURSE THEORY AND THE PROCESS OF CHANGE IN LACANIAN ORIENTED TALKING THERAPIES

In this chapter⁴ we aim at mapping and interpreting factors that stand out as being relevant to personal change through Lacanian-oriented psychoanalytic talk therapy, starting from Lacanian psychoanalysts' accounts of therapies they conducted. We applied a thematic analysis to gain insight into what these psychoanalysts believed effectuated change that occurred for their patients. Second, we interpret the data within the context of Lacan's discourse theory, one of the models proposed by Lacan to grasp the process of psychoanalysis. We discerned three principal themes. Participants indicated that their patients entered therapy with an insistent question related to their own functioning, which was further provoked by the analysts. By incarnating the element of the unsaid, the analysts focused on the speech of their patients, creating a space to critically listen to what their patients were saying, so their patients were able to reflect on the motives that could have been influencing their words and actions. The psychoanalysts focused on the subjective logic of patients' functioning; specific ways patients dealt with challenges in the subject-other relationship. Third, the articulation of subjectively important symbolic material (master signifiers) was key, allowing patients to 'let go' of the repetitive impact these master signifiers had on their life. Remarkably, while positioned in the analytic discourse, analysts nonetheless used other discourses to incite further elaboration, intervening with surprising comments.

⁴ This chapter is based on Dulsster, D.; Vanheule, S.; Cauwe, J.; Ingouf, J.; Hennissen, V. (accepted, in revision). Lacanian Talking Therapy Considered Closely through the Analytic Discourse. *Psychoanalytic Psychology*.

Introduction

The question of how therapy leads to change is arguably the most fascinating question concerning psychotherapy. However, it seems we hardly know why therapeutic change is achieved, and the requisite research to address this question is rarely done (Kazdin, 2009). In general, discussions and theories about why psychotherapy changes people are plentiful, but supportive evidence is quite rare (Kazdin, 2007). This is also true for the process of psychoanalytic therapy. It's even more true for Lacanian-oriented talk therapy. Overview studies (Shedler, 2010; Leichsenring & Rabung, 2011; de Maat et al., 2013; Gaskin, 2014) on the efficacy of the psychoanalytic therapeutic process hardly mention the Lacanian perspective. Since the Lacanian orientation inspires clinical therapeutic work across the globe, reaching more and more clinicians, it seems important to systematically study this process.

It has been argued that, to ensure progress, specific conceptual models are needed to explain those processes that are responsible for therapeutic change (Kazdin, 2007). This is true for all branches of psychotherapy. Lacanian-oriented therapy is a major therapeutic approach with an extensive theoretical and clinical literature. However, its empirical research is limited.

The current paper aims at addressing the process of change in therapy, focusing on Lacanian-oriented talk therapy in particular. Specifically, we examined psychoanalysts' accounts of the change effected in the process of therapy of one of their patients. As such, we asked former patients, who had ended a Lacanian-oriented talk therapy, if we could interview their analyst about their process of change.⁵ To make sense of the analysts' viewpoints, we used Lacanian discourse theory, as this is one of the models proposed by Lacan to grasp the process of psychoanalysis. More specifically, Lacanian discourse theory gives us more information on how one might position oneself as a psychoanalyst.

Lacanian discourse theory starts from the basic idea that therapy is a talking cure: one talks about what makes one suffer. When a patient enters therapy, he or she speaks with an analyst to get rid of inhibitions, symptoms, anxieties, etc. A question Lacan repeatedly addressed is how speech in analytic sessions creates such an effect (Mahjoub, 2012). When he introduced his discourse theory in his seventeenth seminar, *The Other Side of Psychoanalysis* (1991 [1969-1970]), it was exactly with the aim of identifying and analyzing the crucial dynamics through which spoken language in transference relationships has a transforming effect. In his view, 'discourses' are underlying structures that subsist across particular

⁵ We also interviewed these patients about their process of change during a Lacanian psychoanalysis. See Dulsster et al. (2019) or chapter two in this dissertation.

3. Lacanian Talk Therapy and the Analytic Discourse

situations, and also define the nature of social relationships (Lacan, 1991 [1969-1970], p.11). Consequently, discourse constitutes human reality and behavior (Claster, 2012).

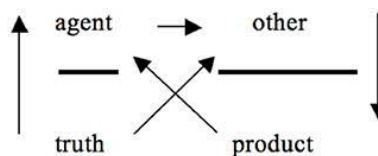
As we discuss below, Lacan discerns four discourses: the master's discourse, the hysteric discourse, the university discourse and the discourse of the analyst. Each discourse consists of four positions, and there are four elements that occupy a specific position in each discourse.

The present study aims at mapping the factors that stand out as relevant to personal change through talk therapy, starting from Lacanian psychoanalysts' accounts of the therapies they had conducted. Using interview data on how the psychoanalysts perceived the therapeutic journey of their patients and what their role was in this process, we applied a thematic analysis to gain insight into what they believed effectuated the change that occurred for their patients. Using the Lacanian discourses, we try to get a grasp on what happened in the therapeutic process.

First, we will discuss the four discourses elaborated by Lacan.

Lacan's Discourse Theory

Each discourse has the same structure, as illustrated below, and consists of the following four positions: truth, agent, other and product, which are connected via a fixed set of arrows (Vanheule, 2016).



(Figure 1: The four positions in the discourses)

The four positions in the discourses reflect the idea that we create social bonds by speaking to another. As such, all discourses imply an active 'agent' addressing an 'other', as indicated by the horizontal upper arrow. Lay theories of communication often assume reciprocity, meaning that we presume that our message is correctly received by the other and that the other responds to what we intend to convey. According to Lacan, however, this is not the case. One of the basic Lacanian ideas is that, as we try to communicate, we experience structural problems. First, the message that is sent is never received as it was intended (Verhaeghe, 1987). Harmonious communication is impossible. This is indicated by the fact that the horizontal arrow is not reciprocal (there is no arrow going the other way). Additionally, as

indicated by the upwards arrow on the left side, Lacan adds that all actions made by the agent rest on a hidden truth, which underlies, supports and gives rise to the actions of the agent. It is characteristic of all discourses that the agent's actions are motivated by a repressed element (truth), which cannot be completely verbalized. Indeed, when someone speaks, the other will wonder what motivates the agent's actions: "What is the foundation of his or her speech?" "Why is he or she saying this to me?" Finally, while addressed speech is never reciprocal, it has effects, creating a product at the level of the other. Here, we find another basic Lacanian idea, indicating that there is no link between truth and product: once we are introduced into language, we are confronted with the fundamental gap between these two positions; what speech effectuates at the level of the other never corresponds to the agent's hidden truth. As such, when attempting to communicate to another, language gets in the way (Parker, 2005). In the hope of overcoming this, the agent addresses the other again and again, failing inevitably.

The Four Elements

Four elements occupy the aforementioned four positions. These elements are, again, key concepts in Lacan's work: the master signifier (S_1) the system of knowledge (S_2), the divided subject ($\$$) and lack (a).

The first two elements, S_1 and S_2 are 'signifiers'. Lacan took the concept 'signifier' from linguistics, where it refers to the words and fragments of words we use to build sentences and narratives. S_2 refers to the whole body of signifiers by means of which knowledge or messages are communicated. S_1 refers to key organizing signifiers that dominate in someone's storylines and speech. These so-called master signifiers (chosen out of the whole store of signifiers) structure and organize our narratives. Typically, experiences of identity revolve around such master signifiers. They concern our primary identifications, which determine desires, ideas and behaviors. At the level of the unconscious, such master signifiers can be found in repetitively returning associations (typically, knowledge and messages are constructed around master signifiers, which is why, across the four discourses, S_1 always precedes S_2). A well-known example is the case of the Rat Man by Freud, where the signifier *rat* represents a number of different scenes and contexts, appearing as a bridge between different narrative structures: *heiraten* – his doubts about marriage; *spielratte* – the gambling debts of his father; the *Rat* torture – his obsessional thoughts; etc. (Geerardyn, 2007). The two elements that circulate across the discursive positions are effects of the signifier. The third term, $\$$, concerns the divided subject, and is barred due to a subjective lack that results from the introduction of language. Once we speak, we aim at articulating exact utterances about ourselves and the world,

yet each articulation is partial, which means that speaking implies lack. Attachment to master signifiers aims at covering up this division. The fourth term, ‘*a*’, concerns the ‘object *a*’, referring to what is left behind by the introduction into language (Lacan, 1991/1969-1970, p. 13). Drives urge us to speak out, but as we use language to express ourselves, there is always something that is left unsaid. The divided subject is driven by this remainder, but it can never be attained, thus stimulating desire. This is why, across the four discourses, *a* always precedes $\$$. The leftovers of the drive make us talk.

In summary, these elements have a logical, fixed order: $a \rightarrow \$ \rightarrow S_1 \rightarrow S_2$. In this order, the elements rotate through the four positions, resulting in four discourses, which are named in terms of the most active or dominant element in each discourse: that of the master (dominance of S_1), the hysteric ($\$$), the university (S_2) and the analyst (*a*). Starting from the discourse of the master, the other three discourses follow by rotating each term one quarter turn.

The Four Discourses

The Discourse of the Master

$$\frac{S_1}{\$} \rightarrow \frac{S_2}{a}$$

(Figure 2: The Discourse of the Master)

In the discourse of the master (see Figure 2), the master signifier is in the position of agent. The key to this discourse is that it takes shape by articulating statements, starting from a position of certainty and self-evidence, instituting dominant master signifiers, which determine the context within which further knowledge (S_2) is produced (Bracher, 1988). A therapist stating ‘one has to be faithful in life’ or expressing a diagnostic claim like ‘you have autism’ to a patient, would be an example of an agent formulating a master signifier. Starting from this concept, a sequence of other signifiers and ideas are generated, which constitute knowledge (S_2): ‘being faithful’ for example entails that ‘you always have to be there for your friends’, or that ‘it is wrong to cheat on your partner’. Such master signifiers, with their subsequent ideas, lock the other in a fixed scenario. The product, the object *a*, will be the unsaid, the aspect which can’t be ‘mastered’, making the master try again and again. The hidden truth or driving force behind this discourse is that articulating a master signifier is not self-evident, and it is only based on subjective preferences and beliefs ($\$$) that are hidden behind a mask of certainty. What the master qua agent represses is the subjectivity of his own claim. For example, by suggesting certain things about how to manage one’s relationships in life (e.g. being faithful), the therapist

puts their own uncertainties and inconsistencies aside ('How do I behave towards others? On which grounds can I formulate my claims?'). The patient is reduced to a pawn in the therapist's ideas about relationships. This tends to produce further discontent (a) ('I'm being more faithful by doing this or that, but it doesn't seem to help my relationships'), which forces the therapist to formulate new statements (S_1). The cycle continues, resulting in an ever-increasing production of surrogates for the subjective lack. In other words: no matter how hard a master tries to govern and control knowledge (S_2), the latter will always partially escape (Nobus, 2000).

The Discourse of the Hysteric

$$\frac{\$}{a} \rightarrow \frac{S_1}{S_2}$$

(Figure 3: The Discourse of the Hysteric)

A clockwise turn produces the discourse of the hysteric (see Figure 3). Central to this discourse is the active formulation of complaints ($\$$) and the search for an other who is presumed to have an answer (S_1) for what troubles the agent. The hysterical structure is in full force whenever a discourse is dominated by the speaker's symptoms and complaints. The agent addresses subjective division to a (presumed) master at the place of the other, who is supposed to know and to produce an answer, generating knowledge (S_2). For example, we recognize this discourse when a patient who is consulting a therapist presents pain, discomfort, asks what's wrong, how to manage life or relationships, etc. This in the hope of finding an answer in the therapist's words. As such, this results in the production of narratives (S_2). However, these don't resolve the agent's issues in regulating the dimension of the drive (a) and engender further irritation ($\$$). The knowledge that gets produced will always be somehow beside the point, and this is what hysteric discourse illustrates. The knowledge of the master fascinates the hysteric, but especially to the extent that this knowledge does not suit him or her. The hysteric discourse reveals the truth about the master, making clear that the master, too, is a divided subject who fundamentally lacks knowledge.

The Discourse of the University

$$\frac{S_2}{S_1} \rightarrow \frac{a}{\$}$$

(Figure 4: The Discourse of the University)

A counterclockwise turn from the master's discourse, constitutes the university discourse, in which knowledge is in the commanding position (see Figure 4). It approaches the other as an object to whom this knowledge can be applied (Verhaeghe, 1987). However, such knowledge always rests on the acceptance of hidden dogmas and assumptions (S_1), which are neglected in this discourse. For example, in the context of psychotherapy, this discourse is at work when a psychologist educates a patient and provides statistics and scientific information (S_1) indicating, for example, how harmful smoking is to one's health (S_2). Communicating such knowledge reduces the patient to the position of being just another smoker (a), to which specific knowledge is applicable (Van Roy et al., 2017). In clinical contexts, the application of this discourse reduces patients to objects. Patients have to obey as if they were mere bodies without their own thoughts (a). Such a discourse, however, rules out the patient as a (divided) subject with respect to his or her specific relationship to smoking ($\$$).

The Discourse of the Analyst

$$\frac{a}{S_2} \rightarrow \frac{\$}{S_1}$$

(Figure 5: The Discourse of the Analyst)

In the analytic discourse, the object a is in the commanding position (see Figure 5). This discourse refers to the position a psychoanalyst typically occupies, incarnating the object a , that which cannot be named, and as such, asking for free association and inviting the other to try and grasp something of this unsaid.

As such, what is most specific about this discourse is that the agent identifies himself or herself within the dimension of the unarticulated, thus acting as an object, evoking desire. Such a passive object is very active (Quackelbeen, 1993): the analyst listens to the story, is interested, asks questions, gives something back, reorders the things being said. What is provoked in the other is subjective division ($\$$). By doing so, the analyst occupies the position of what remained hidden in the discourse of the hysteric, i.e. the object-causing subjective

division. Consequently, the analyst aims at eliciting a hysterically structured discourse. By doing so, the analyst provokes elements that bother the patient, resulting in anxious confessions: the other is invited to present a suffering subject and become a 'subject of the symptom.' The patient is divided insofar as he or she not only complains, but presumes that through the symptom, something is said, thus admitting being a subject of repression. It's not just merely a matter of speaking out but also of exploring the annoying cause (a) that determines one's symptoms ($a \rightarrow \S$), that which constitutes the subject's most profound relation to the Other's desire (Fink, 1995).

In the analytic discourse, knowledge is situated at the place of the truth, which has to remain hidden. "This is what the psychoanalyst has to know: he has to ignore what he knows" (Lacan, 2006/1966, p. 290). The analyst is informed by knowledge about psychoanalysis and psychopathology (S_2), and precisely because of this, she hangs on to occupying the position of the object a . Knowledge motivates the process but is not made explicit, in other words, it is kept under the bar. Keeping knowledge in the right place requires great discipline from the analyst, who should not act as an expert: "It's very easy to slip back into the discourse of the master" (Lacan, 1991/1969-1970, p.79). This is one of the reasons why supervision is important. It helps to prevent the analyst slipping back into the master's discourse, where she imposes her own insights on to the patient. The effect of psychoanalytic discourse is that the subject will produce the master signifiers, S_1 's, which marked his or her life. In analysis, one stumbles onto the signifiers that determined us as a subject. The discourse of the analyst does so because it puts the receivers of its message in the position of assuming and enacting the divided subject, instead of being reduced to an object, like in the other discourses. The master signifiers are produced by the subject through the process of free association rather than imposed from the outside. The analyst doesn't produce meaning but "has to support speech" (Lacan, 2006/1966, p. 290). By articulating such master signifiers, the patient will formulate ideas and insights about who he or she is, and what he or she is marked by. The response of the analyst to the production of master signifiers by the patient will not involve any explicit interpretation at all in terms of established knowledge. It may consist simply in silence, or punctuating particular points in the patient's speech, which again evoke the patient to produce signifiers. The analyst sets the patient to work and stimulates him or her to speak freely. The product of that labor is a new master signifier, giving the patient new options in life.

Method

Participants

To collect our research sample, we first invited psychoanalysts from an international Lacanian school to ask patients who had recently finished their treatment if they wished to talk about the analytic process and the change they experienced during this process. This resulted in a first paper (Dulsster, et al. 2019). In a second phase we asked the six patients involved if we could ask their analysts to discuss their treatment. All agreed.

The psychoanalysts involved in this study (all white Caucasian) are qualified clinical psychologists who completed postgraduate training in psychoanalysis and are members of a psychoanalytic society. Each of them engaged in long-term personal psychoanalysis (some of them still are in analysis) and entered supervision (all but one is still supervised).

Gilbert (32, Male), worked as a clinical psychologist in a center for mental health care and has had a private practice for over 5 years.

Arthur (44, Male) worked a couple of years in a psychiatric ward, and has had a private practice as psychoanalyst for 18 years.

Connie (56, Female) currently works as a supervisor for different institutions and has had a private practice for over 26 years.

Nick (60, Male) currently works in a psychiatric ward and has had a private practice for over 37 years.

Stephen (62, Male) worked a couple of years in a psychiatric ward and has had a private practice as psychoanalyst for over 30 years.

Nick discussed two patients he suggested for our first study; the others discussed one. All patients agreed their analyst could elaborate on their case.

Interviews and Data Analysis

Semi-structured interviews were carried out with all participants. In each interview we focused on the personal sense-making activity of each participant with regard to their therapy. Participants were asked to give a detailed account of how they conceived the process: why patients entered therapy, what changed over the course of their therapy and how they interpreted what happened. 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 analyzed 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. Qualitative research is designed to examine how people make sense of themselves and the world (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 way (i.e., the meanings and interpretations) in which the individual describes his or her personal experience and insight is central to this approach. Qualitative research is not about testing hypotheses, but about mapping an individual's personal experience of the world. As such, data were collected by means of in-depth qualitative interviews, which were exploratory in nature and ensured that participants could elaborate freely about the subject under study. Interview data were then analyzed 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.

For the analysis of the data, we followed the suggestions of Hill, Thompson and Williams (1997) concerning Consensual Qualitative Research. They suggest relying on team members using unconstrained methods of coming to consensus through open dialogue. The process places a value on researchers working together collaboratively as a team to construct a shared understanding of the phenomenon. This process involves an open exploration of all ideas, a willingness to compromise and an attentiveness to power dynamics so that each person's voice is heard and valued equally. As such, all authors, making up a team of five researchers, first individually studied each interview in detail, using anonymized audiotapes and transcripts. Our analysis focused on key themes regarding what was felt to be at stake in these therapies. Subsequently, all authors met to discuss their interpretations for each interview, focusing on specific themes and subthemes that came to the fore. Based on this, following the steps of thematic analysis such as those described by Braun and Clarke (2006), the first author made a consensual coding for each interview, which was then discussed with the co-authors for accuracy. The first author clustered themes and subthemes across the interviews. The themes were grouped together to form broader superordinate 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 participants had 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 three themes.

Results

Thematic Analysis

We identified three principal themes.

First, participants indicated that their patients entered therapy with an insistent question related to their own functioning, meaning that in all cases a hysterically structured discourse was immediately present. This was further provoked by the analysts, creating subjective division and further elaboration of narratives, forcing a shift towards self-directed epistemic questions. Second, participants supported transference, creating a laboratory of possibilities by incarnating the element of what remained unsaid. The analysts focused on the speech of their patients, on links and repetitions that appeared through speech, supporting this speech and engaging in active reflection. As the analysts didn't impose their own ideas, this created a space for the patients to critically listen to what they actually said and reflect on motives that could have been influencing their words and actions. Beyond the symptoms or presented problems, the psychoanalysts focused on the subjective logic of patients' functioning, more precisely, the specific way patients dealt with challenges in the subject-other relationship, where Lacanian structural diagnoses served as a starting point for person-centered case construction. Third, the production of master signifiers was key for our participants, allowing patients to 'step away' or 'let go' of the repetitive impact this has on their life. While starting from the analytic discourse, the analyst also shifted to other discourses to incite further elaboration, intervening with surprising comments. As such, there seemed to be a willingness for surprise at play, not only for the patients, but also for the analysts. Below we discuss each theme in detail.

Theme 1: 'The Hysterisation of Discourse' $\$ \rightarrow S_1$

First, the patients didn't merely present themselves with the symptoms they were suffering from, but also with an insistent question related to their implication in their symptoms. This means that in all cases a hysterically structured discourse was immediately present. Such questions arrived "at the right time" (Stephen) creating a momentum for open speech and reflection. When discussing one of his patients, Gilbert indicated: "She wondered how she interpreted certain things, how she handled certain situations, like, how she was in school, why she was so loose when working with parents and how she could understand her own behavior." As the patients presented their symptom-related suffering, the analysts, by positioning themselves in the analytic discourse, forced a shift towards a self-directed epistemic question (e.g. "Who am I? What do I want?"). Therefore, the patient's own division was put to the fore. Conny illustrated this shift in her patient:

“considering his migraine, he didn’t get stuck in the medical discourse. He did try to find out if he had a tumor or not, had some scans, but didn’t exaggerate. He didn’t lose himself in the medical discourse but started to question himself about those symptoms.”

This shift seems to be what is at stake at the beginning of treatment. Not responding from the position of the master, the analyst makes patients examine motives and memories that might be affecting their functioning by actively creating a place in which the patient’s speech can echo, creating subjective division and further elaboration of narratives. Some patients were very open and willing to make such steps as soon as the opportunity was created. Arthur articulates this as follows:

“there wasn’t much preliminary work to do, as she started speaking in a certain way, a certain way of acting. She was very well suited for analysis, and as such, her own way of speaking immediately had a lot of effect.”

He had hardly ever met a patient who:

“was as verbal as that patient, not a lot of gibberish, but immediately to the heart of the matter, talking at the cutting edge about what was going on: discussing dreams, reflecting on what she said in previous sessions, being surprised by her own speech.”

Other patients also engaged in a similar process but were directed more strongly towards this path by the analyst. Typically, analysts formulated incisive observations and confronted patients with aspects that they were currently neglecting in their own functioning, this to provoke such questioning. This urged patients to address their issues in a different way. Nick recalls the following: “I ended the session with a certain remark and the following sessions, well, it really caught him off guard... the following sessions he started questioning himself on the matter at hand” (Nick). Such interventions hystericize patients, making them address the analyst and as such and start to produce narratives.

Theme 2: ‘A psychoanalyst, not an expert’ S₂ / a

Second, the participants refrained from being experts, but presented themselves as a listening ear, a willing gaze, inviting free associations. The analysts seemed to reduce

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themselves to the unsaid element that Lacan qualified as ‘object *a*’, supporting speech and “creating a laboratory of possibilities” (Nick). Arthur stated that he offered a place where patients “weren’t pinned down on certain aspects”, but were “encouraged to speak about those difficult topics!” By incarnating exactly the object which remains unsaid, the analysts stimulated their patients to articulate their inner thoughts, making them focus on their speech, thus creating a questioning stance or “reflexive function” (Stephen). The main concern of the analyst seemed to be to offer a place where the patient could articulate the words that touched and marked their subjectivity (S_1 ’s). Stephen stated he:

“Made sure that the patient started to speak more slowly, intervening now and then, obliging her to listen to what she had said. It wasn’t difficult to make her speak, but I had to teach her to listen to what she said.”

The psychoanalysts used Lacanian structural diagnoses, serving as a starting point for person-centered case construction. As such, beyond the symptoms or presenting problems with which patients entered analysis, the psychoanalysts focused on the subjective logic of patients’ functioning, more specifically, the way patients dealt with challenges in the subject-other relationship. When discussing these subject-other relationships, the participating analysts started from Lacanian structural diagnostics in terms of the clinical (sub)structures of neurosis, psychosis and perversion, saying it was “a case of hysteria”, “(actual) neurosis” or “definitely not a case of schizophrenia.” As such, they disregarded other forms of diagnosis, even going against them:

“When someone arrives with a diagnosis, I’m always on my guard... they copy it [from others] and start to identify with the diagnosis. I didn’t want that, so, I never really got into the matter of the diagnosis she had gotten from her doctor.” (Nick)

This knowledge concerning the case construction wasn’t discussed with the patients, but unmistakably appeared when the analysts elaborated on the case. Using these constructions, the S_2 ’s that had been left to the side (under the bar) during sessions, participants indicated how they focused on the singular subjective logic of their patients’ functioning (S_1). The analysts do construct knowledge (S_2), but immediately let it go, put it below the bar, when they enter into the analytic discourse. Nick illustrated this by telling how his patient:

“Was haunted by her mother’s depression and suicidal tendencies. How she constantly had to be the one who consoled mother... When she got home from school, she figuratively ‘had to bring mother back to life.’ It marked her. Also, in her speech, like, she often uses superlatives, always wanting to be the best, to be perfect.”

The participating analysts frequently pointed out these recurring themes and latent issues that patients showed in relation to others.

Theme 3: ‘The provoked elaboration of master signifiers’

Third, what is key for the analysts is the production of master signifiers, allowing patients to ‘step away’ or ‘let go’ of the repetitive impact such signifiers have on their lives. For example, for Gilbert’s patient:

“‘Being a princess’ summarized everything. This signifier explained different aspects that had appeared during therapy and had surprised her, like the problems with her parents. They always did everything for her, but as such belittled her: how her parents still made her sandwiches, how she still had the same furniture she had as a child, how they determined her life, what she could and could not do, how everything was presented to her. The cost being her parents taking a very dominant position in her life.”

Gilbert stated things “started to change when she said: enough with all the belittling and treating me like a child... it’s been enough, stop making my sandwiches! I want to stand on my own two feet!” In this example, ‘being a princess’ seems to function as a master signifier. Across the sessions, this expression arises as a key organizing idea around which the patient’s subjectivity is organized. Through the process of free associative speech, revolving around issues in her life, she questions her position towards others (S), thus ending up with the conclusion that this needs to stop. Finding a new way of dealing with challenges in the subject-other relationship implied separating from the adherence to a certain signifier or the way she positioned herself in the subject-other relationship. Gilbert’s patient further worked through the position of ‘being a princess’ and all this implied for her (the S_2 connected to the S_1). As such, the master signifiers that are produced are brought back into relation with other signifiers.

For the analysts, although positioning themselves in the analytic discourse sets the stage for free association and interpretations, the provocation of narratives doesn’t merely happen by positioning themselves in this discourse. The analyst can use the other discourses to incite

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further elaboration, on the condition she doesn't get stuck in that discourse. Nick told his patient, "her mother was melancholic and that it was an illness of which, with all the love she had, she could do nothing about, that she was doomed to fail." Using the discourse of the university, i.e. diagnosing the mother as melancholic, provoked his patient to take a stand concerning this diagnosis. Claiming "she could do nothing about it, being doomed to fail" can be interpreted as a hysterical complaint. Nick states:

"It was quite an intervention, but it made her able to think about it and that was the idea, of course. It wasn't about the diagnosis as such, but to, for one, show the impossibility of that position and second, to invite her to take in another position than just being the object of her mother, having to revive her mother, again and again. For me, this was the core."

Although pinpointing something of the dynamic this patient had with her mother, countering how the patient looked at her mother, Nick didn't insist and, after intervening, shifts back to the analytic discourse and as such hystericizes the patient. It's this shift back to the analytic discourse which is essential.

By setting up camp in the analytic discourse, surprising comments can appear through the other discourses, provoking further elaboration by the patients. Stephen suddenly appeared as a master, stating to his patient, who was in a very destructive relationship: "you're doing the same as what you did with your father. That's not a partner-relationship, that's something else... You're being used and this doesn't help anybody." Stephen doesn't say what to do with the relationship, leaving the patient with this remark, provoking a divided subject who has to position herself towards this remark.

As master signifiers (S_1) get isolated from their previous context or meaning (S_2), this opens up new ways of relating to these signifiers, often having a surprising effect: "It was someone who talked and started the sessions by saying 'well, all the things I told last time, I was seriously startled' (...) It was someone who felt the surprise and continuously worked on that" (Arthur). There seemed to be a willingness for surprise at stake, not only for the patients, but also for the analysts. First, these elements of surprise indicate discontinuities in speech, marking where the ego fails, marking the place of the unconscious and therefore also of the subject. Second, it brings forth new associative material. Gilbert told us he abruptly ended a session that was taking too long, as his patient kept elaborating on a story. This unintentionally touched upon her position of being 'a princess.' This had a big effect on her and brought forth

a lot of new material. “It startled me because I couldn’t have conceived it having such an effect... I didn’t do it consciously, but I was very happy with the result” (Gilbert). As such, in contrast to the discourse of the master, the analytic discourse opposes itself to the need to have control all the time.

Discussion

This study was designed to gain insight into the process of Lacanian talk therapy, focusing on psychoanalysts’ first-person perspectives. Using Lacanian discourse theory as a theoretical perspective, the shift from symptom-related suffering towards a self-directed epistemic question indicates that analysts focus on the hysterisation of discourse. The psychoanalysts presented themselves as an object, incarnating the dimension of the unarticulated, inviting free associations and letting the patients produce master signifiers. The participating analysts started from Lacanian structural diagnostics in terms of the clinical structures of neurosis, psychosis and perversion. This, however, only served as a starting point for person-centered case construction. As such, Lacanian psychoanalysts illustrate that although they have the theoretical knowledge (S_2), the heart of the matter is the singularities, the master signifiers (S_1) which appear in the discourse of the patients. Although the analysts’ knowledge concerning psychoanalysis and psychopathology was clearly illustrated during the interviews and motivated their actions during the treatment, they never explained their hypothesis to the patients. This concurs with the assumption that case constructions never grasp the singularity of the case at hand and that the analyst has to make sure the singularity of the patient can appear. As the patients started to produce master signifiers, which marked their subjectivity, this made it possible for them to find a new way to relate to these signifiers ($S_2 // S_1$).

These results concur with the findings of Dulsster et al. (2019) where patients stressed that they met a silent but attentive figure who really listened to what they said, not imposing any theoretical ideas or interpretations. When the analysts intervened, they intervened in ‘flashes’ through the other discourses, provoking subjective division and further elaboration. The analysts seemed to have set the stage for these flashes by positioning themselves in the analytic discourse, making it possible to use the other discourses as a way of intervening. This only works in so far as the analyst shifts back into the analytic discourse after such a flash. These interventions made it possible for the patients to elaborate on what was really going on. Dulsster et al. (2019) finding that “patients experienced a surprising reframing” could be further specified by saying that the analysts did not focus on the presented symptoms, but on the subject-other relationship.

Future research might benefit from using a sampling strategy that ensures the inclusion of participants with a more nuanced range of experiences (e.g., negative or apathic). With such a sample, we could explore the possible reasons why the psychoanalysts felt that the therapies didn't work and compare these data with the data from the present study. Furthermore, our research sample was small. However, the research group concurred that saturation was obtained and that clear patterns in the data could be discerned.

It's important to note that all participants indicated that, although patients ended treatment, they didn't consider the analysis to be finished. As the patients could manage their lives in a better way, they seemed to lose a sense of urgency, no longer needing the analyst as a reflexive function. This 'open-endedness' indicates that the core of their subject-other relationship is still in place, not having been worked through in analysis or that the master signifiers which were produced didn't present themselves as a dead end, putting a stop to the associations.

This study presents several implications which further research should consider. First of all, it would be interesting to elaborate on the shift that occurs between symptom-related suffering and self-directed epistemic questions. When patients already enter psychoanalysis starting from a hysteric discourse (as seemed to be the case for our participants), the job is easier for the psychoanalyst, one participant even stating his patient was 'well-suited' for analysis. The question would be how to facilitate this shift and what to do when this shift doesn't happen. Second, we did not include this as a separate theme, but all analysts stressed the importance of their supervision, helping them to construct the case, orient the treatment or avoid certain pitfalls. As such, as already stated by Dulsster et al. (2019), we suggest prioritizing this in training programs and supervision. Further research could benefit from elaborating on the matter of supervision from a Lacanian perspective. Last, the analysts didn't seem to focus on the patients' symptoms, instead prioritizing the subject-other relationship, which seemed to have had positive effects. This again contradicts the idea that different 'expertise' is necessary for every diagnosis.

References

- Bracher, M. (1988). *Lacan's theory of the four discourses, Prose studies: history, theory, criticism*. 11/3, 32-49. DOI: 10.1080/01440358808586349
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. <http://dx.doi.org/10.1191/1478088706qp063oa>
- Claster, G. (2012). Conférence sur les discours. *Champ Lacanien* (11), p. 65-85. <https://www.cairn.info/revue-champ-lacanien-2012-1-page-65.htm>
- De Maat, S., de Jonghe, F., de Kraker, R., Leichsenring, F., Abbas, A., Luyten, P., Barber, J., Van, R., Dekker, J. (2013). The current state of the empirical evidence for psychoanalysis: A meta-analytic approach. *Harvard Review of Psychiatry* (21), p. 107-137. Doi: 10.1097/HRP.Ob013e318294f5fd
- Dulsster, D., Vanheule, S., Cauwe, J., Ingouf, J., Truijens, F. (2019). Lacanian Talking Therapy Considered Closely: A Qualitative Study. *Psychoanalytic Psychology*, 36/1, 19-28. Doi: 10.1037/pap0000187
- Fink, B. (1995). *The Lacanian Subject: Between Language and Jouissance*. Princeton University Press. Princeton, New Jersey.
- Gaskin, C. (2014). The effectiveness of psychoanalysis and psychoanalytic psychotherapy: A literature review of recent international and Australian Research.
- Geerardyn, F. (2007). Over de Psychoanalytische techniek als uitgangspunt van het onderzoek van de creativiteit [On Psychoanalytic Technique as Starting Point for the Research on Creativity]. *Psychoanalytische Perspectieven* (25/2) [Psychoanalytic Perspectives], p. 179-194.
- Hill, C.E., Thompson, B.J., Williams, E.N. (1997). A Guide to Conducting Consensual Qualitative Research. *The Counseling Psychologist*. Doi: 10.1177/0011000097254001
- Kazdin, A.E. (2007). Mediators and Mechanisms of Change in Psychotherapy Research. *Annu. Rev. Clin. Psychol.* (3). P. 1-27.
- Kazdin, AE. (2009) Understanding how and why psychotherapy leads to change. *Psychother Res* (19): 418-28.
- Lacan, J. (1991/1969-1970). *Le Séminaire XVII: L'Envers de la Psychoanalyse* [The Seminar XVII: The Other Side of Psychoanalysis]. Paris. Seuil.
- Lacan, J. (2006/1966). Variations on the standard treatment. *Ecrits*. First English Edition. P. 269-303.
- Leichsenring, F.; Rabung, S. (2008). Effectiveness of Long-term Psychodynamic

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- Psychotherapy. A meta-analysis. *Journal of the American Medical Association*. (300/13). p.1551-1565.
- Mahjoub, L. (2012). *Comprendre le discours analytique?* [Understanding Analytic Discourse?] Downloaded from <https://www.lacan-universite.fr/wp-content/uploads/2012/05/17-LILIA-MAHJOUB-2.pdf>
- Malterud, K. (2001). Qualitative research: standards, challenges, and guidelines. *The Lancet* (358/9280), p. 483-8.
- Nobus, D. (2000). *Jacques Lacan and the Freudian Practice of Psychoanalysis*. Routledge, London.
- Parker, I. (2005). Lacanian Discourse Analysis. *Theory & Psychology*. (15/2), p. 163-182.
- Pope, C., Ziebland, S., Mays, N. (2000). Qualitative research in health care. Analysing qualitative data. *BMJ* (320/7227), p. 114-6. Doi: 10.1136/mbj.320.7227.114
- Quackelbeen, J. (1993). *Zeven avonden met Jacques Lacan* [Seven nights with Jacques Lacan]. Academia Press. Gent.
- Shedler, J. (2010). The Efficacy of Psychodynamic Psychotherapy. *American Psychologist* (65/2). P. 98-109. Doi: 10.1037/a0018378
- Smith, J.A., Flower, P., Larkin, M. (2009). Interpretative Phenomenological Analysis: Theory, Method and Research. *Qualitative Research in Psychology* (6/4). Doi: 10.1080/14780880903340091
- Vanheule, S. (2016). Capitalist discourse, subjectivity and Lacanian psychoanalysis. *Frontiers In Psychology*. Doi: 10.3389/fpsyg.2016.01948
- Verhaeghe, P. (1987). *Tussen Hysterie en Vrouw* [Does the Woman Exist?]. Acco. Leuven.
- Van Roy, K.; Marché-Paillé, A.; Geerardyn, F.; Vanheule, S. (2017). Reading Balint group work through Lacan's theory of the four discourses. *Health* (21/4), p. 441-458. DOI: 10.1177/1363459315628041

4

ON LACAN AND SUPERVISION: A MATTER OF SUPER-AUDITION

In this chapter⁶ we explore how supervision can be conceptualized from a Lacanian point of view. We discuss two principal ideas about supervision from Lacan's work: making the analyst sensitive to the symbolic component of the unconscious and becoming sensitive to the interrelation between language and *jouissance*. These ideas comprise two stages that Lacan discerned in the process of supervision: the 'stage of the rhino' and the 'stage of the pun'. We illustrate Lacan's distinction between these stages by means of vignettes of analysts who were supervised by Lacan. We argue that an additional third stage should be discerned, concerning the challenge of incarnating the position of the so-called object *a*. Last, we discuss the pitfalls that an analyst might experience when conducting and directing the analytic work, namely the consistency of the imaginary, the delusion of the symbolic and the body as real.

⁶ This chapter is based on Dulsster, D., Vanheule, S. (2019). On Lacan and Supervision: A Matter of Super-Audition. *British Journal of Psychotherapy*, 35/1, 54-70. doi: 10.1111/bjp.12423

Introduction

Supervision is crucial to most forms of talk therapy. It is a platform to support the therapist and to critically reflect on his or her practice. For many, it is a central component of clinical training (e.g. Rainbow Report, 1955), a part of good practice and professional development (e.g. Fleming & Steen, 2004a), and a prerequisite for the practice of psychotherapy (e.g. Roth & Fonagy, 1996; Corrie & Lane, 2015; Barnett & Molzon, 2014). Not only is supervision correlated with more effective therapy, it also increases job satisfaction and lowers instances of burnout (Falender, Shafranske & Ofek, 2014). In this paper, we discuss supervision from a Lacanian perspective as research on this topic seems scarce, or isn't mentioned at all (Ellis et al., 1996; Zaslavsky, Nunes & Eizirik, 2005; Ogden, 2005; Rubinstein, 2007). How supervision is addressed in other psychoanalytic traditions is not the focus of this paper.

Although for Lacan, supervision was an important practice ('A psychoanalyst authorizes himself, only by himself ... and some others'; Lacan, 2001 [1967], p. 243), he did not formalize or institutionalize it; nor did he formulate a systematic theory about it (André 2014; Gorog, 1992). He referred to it in only disparate parts of his work. Nonetheless, as supervision is an important part of the training process, it should be framed theoretically (Langs, 1994). As suggested by Kilminster and Folly (2000), the practice of supervision should be rooted in a sound conceptual basis, define its guiding principles in detail and use a coherent theoretical rationale. In this paper, we aim to analyze how Lacan and Lacanian psychoanalysts conceptualize supervision and clear the way for further research.

The Lacanian approach to supervision has an interesting function. The main focus of supervision here is to help the analyst become more sensitive to the process of the analytic work with the analysant⁷, grasp the logic of the analysant's functioning, and enhance the supervisee's capacity for reflection. As Lacan never institutionalized supervision, it does not serve a 'gatekeeping' function for trainee analysts (Fleming & Steen, 2004a), nor does it purport to evaluate or steer their practice. Moreover, contrary to what is often the case (see Grotjahn, 1955; Keiser, 1956; Ekstein & Wallerstein, 1958; Zaslavsky, Nunes & Eizirik, 2005; Wagner, 1957),

⁷ In line with Lacan, we write analysant with a 't' and not with a 'd'. The term 'analysand' denotes a passive position; it is 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) (Dulsster et al., 2018, p. 6). Lacan prefers the expression analysant because of the active role it gives to the one who decides to engage in psychoanalysis (Lacan, 2017 [1971]).

Lacanian supervision is not therapist centered and therefore the unconscious and the countertransference of the supervisee are not at stake. Nor is Lacanian supervision patient centered, and therefore issues of diagnosis and technique tend to have only a secondary importance.

In this paper, we discuss two principal ideas about supervision from Lacan's work. First, we look at 'The Function and Field of Speech and Language in Psychoanalysis' (Lacan 1966 [1953]), which focuses on making the analyst more sensitive to the symbolic component of the unconscious. Second, building on Lacan's later teaching and his novel concepts of 'Llanguage' (lalangue), we consider supervision as a matter of making the analyst more sensitive to the interrelation between language and jouissance. These ideas comprise two so-called stages that Lacan discerned in the process of supervision: the 'stage of the rhino' and the 'stage of the pun'. We discuss Lacan's distinction between these stages by means of vignettes of analysts who were supervised by Lacan. However, in line with Jonckheere (2000) we argue that Lacan's two-staged model is somewhat limited, and that a third stage needs to be discerned as well, which concerns the challenge of incarnating the position of the so-called object *a*. Finally, we discuss the resistances and pitfalls that an analyst might experience in the analytic work. In line with Lacan's distinction between the registers of the symbolic, the imaginary and the real at the basis of mental functioning, we call these 'the consistency of the imaginary', 'the delusion of the symbolic' and 'the body as real'.

Lacan and Supervision

To grasp Lacan's approach to supervision, two main references are crucial: his paper 'The Function and Field of Speech and Language in psychoanalysis' (Lacan, 1966 [1953]); and the first session of his seminar on the Sinthome (Lacan, 2005 [1975–76]). In both texts, which cover elements of his early and later teaching respectively, Lacan formulates ideas about supervision, cohering with his broader theory on the nature of the psychoanalytic process at that time.

Supervision in 'The Function and Field of Speech and Language in Psychoanalysis'.

In 'The Function and Field of Speech and Language in Psychoanalysis', Lacan (1966 [1953]) develops ideas about the psychoanalytic process via a critique on classical post-Freudian theories (Jonckheere, 2000). For Lacan, the analyst does not have to focus on the patient's actions in real life, but on the unconscious logic underlying them. In this context, for example, he discusses the case of Ernst Kris, who investigated whether one of his patients was

guilty of the plagiarism that he had obsessively accused himself of during the treatment. The patient was a young academic who became obsessed with the idea that he was guilty of plagiarism. During the treatment, Kris investigated this, and confronted him with the conclusion that his work did not constitute plagiarism. Lacan indicates that by focusing on the reality of the patient, Kris did not relieve the patient of his difficulty with procrastination (about publishing of his own academic work) and even provoked acting out: “attention should not aim at an object beyond the subject’s speech the way it does for certain analysts who force themselves to never lose sight of that object” (Lacan, 1966 [1953], p. 210). Lacan suggests that one should focus on speech and signifiers, since it is by reading them that the repressed can be found. Accordingly, a patient consulting a therapist should not be told what is wrong in relation to how he behaves or reacts to stimuli, but should be given the opportunity to speak, such that the unconscious logic around his behaviour can appear (De Kesel, 2017). Therefore, in Lacanian analysis, the analyst should not focus on feelings, behaviours or introspection, but on ‘full speech’ (i.e. on subtle expressions of unconscious truth), and create a space where the patient can freely explore unexpected elements that come to the fore in speech about symptoms, dreams etc., thus revealing himself as a desiring subject. Likewise, Lacan (1966 [1953]) indicates that the focus of supervision is ‘the unconscious as structured like a language’ and the idea that we can only grasp the unconscious by exploring discontinuities in the patient’s narrative. As an analyst, one can be blinded by the day-to-day relationship with the analysant, which functions as an imaginary mirror in which we recognize the other and ourselves. This might make us believe that we understand what he or she is saying and become deaf to the inconsistencies that the patient defends himself against (Fink, 2007). As such, it becomes impossible for the analyst to hear the unconscious logic in a person’s speech. Supervision aims to open the analyst up to the symbolic dimension of speech (i.e. to ambiguities and unexpected connotations). The purpose of supervision is to offer a ‘second hearing’, or a third point in the relation between analyst and the analysant. This prevents the analyst from being absorbed by the day-to-day reality of the analysant’s narrative:

“The supervisee serves as a filter, or even as a refractor, of the subject’s discourse, and in this way a ready-made stereography is presented to the supervisor, bringing out from the start the three or four registers on which the musical score constituted by the subject’s discourse can be read.” (Lacan, 1966 [1953], p. 210)

Along this way, the supervisee will learn to listen differently, focusing on the unconscious symbolic logic in the analysant's speech: "The greatest benefit he would derive from this exercise would be to learn to put himself in the position of that second subjectivity into which the situation automatically puts the supervisor." (Lacan, 1966 [1953], p. 210) This idea of a 'second subjectivity' also appears in Lacan's analysis of Edgar Allan Poe's story 'The Purloined Letter' (Anonymous, 1976). To briefly recapitulate the story, an unnamed narrator discusses some of his most celebrated cases with a detective by the name of Dupin. The Prefect of the Police then arrives and presents a case that he would like to discuss with Dupin. A letter has been stolen from the boudoir of an unnamed woman by the unscrupulous Minister D. It is said to contain compromising information. The Prefect says that he and his detectives have searched the Ministerial hotel where D. stayed but could not find anything. Dupin, however, did find the letter and consequently explains how: the police are competent within their limitations, but have underestimated with whom they are dealing. The Prefect mistakes the Minister D. for a fool, because he is a poet. He explains that D. knew that the police would assume that the blackmailer would conceal the letter in an elaborate hiding place, and thus hid it in plain sight. As such, Dupin was able to obtain the letter (Poe, 1845). Applied to supervision, the analyst is the policeman, and having succumbed to the illusion of mastery, he is blinded by his position in the discourse of the analysant. The supervisor is detective Dupin, who sees that the thief is a poet and that the letter should be found in relation to that subject's fantasy. Within this format, supervision aims at making the analyst move from the place of the policeman to the place of Dupin – that is, he should take the perspective of the supervisor. Accordingly, supervision tries to guarantee that the analysant's truth will not get 'repressed' or substituted by the analyst's interpretations and that the dimension of the divided subject comes to the fore.

This approach allows us to understand Lacan's (1976 [1975]) remark that we should speak about 'super-audition' instead of 'super-vision'. After all, it is a practice where an analyst tries to hear what a colleague-analyst did not hear during the sessions with the analysant: the unconscious truth of the divided subject, which tends to be repressed by the analyst's sense-making activity. Thus, a Lacanian analyst looking for supervision is potentially in search of a subject-supposed-to-hear-otherwise (Brousse, 2015).

Bruce Fink (2007) illustrates this process by referring to a therapist who didn't recognize a slip of the tongue one of her patients made, at least, not until she talked about it in supervision. The patient described himself as the kind of guy who is 'in short demand' when he actually meant to say, 'in short supply'. Initially the therapist failed to hear the slip, but by recounting it in supervision it was heard. The supervisor's sensitivity to the symbolic articulation of the

unconscious counters the imaginary tendency to neglect unconscious truth by focusing on consistent patterns of speech and taking the message the analysant wants to intentionally convey for granted. Indeed, in daily practice the analyst tends to become caught up by the role of being the (consistent) master that the analysant supposes him to play, forgetting that this supposition was imposed due to transference. This might inhibit his ability to address the unconscious. Brousse (2015) illustrates this with an analyst who was constantly questioned by a paranoid patient about his knowledge and his practice. Once realizing he had nothing to defend, a space was created for his patient to complain. Consequently, what takes shape in supervision is a shift from attempting to understand to trying to hear. Lacan (1975 [1953–54]) recommended that those in supervision should avoid understanding too much. Analysis doesn't concern itself with understanding and knowledge. In his seminar on Anxiety (2004 [1962–63]), he likewise characterized supervision as an action that gives way – like an illumination – to that which lies beyond the established ideas that the analyst has formed about his analysant. It is a matter of hearing the ever-surprising symbolic dimension of speech beyond what we presume to know already. When the analyst starts to get the idea of knowing what the patient is going to say, it's time to consult a supervisor (Kessler, 2012).

Supervision in 'The Sinthome'.

Later in his work, in seminar XXIII (Lacan, 2005 [1975–76]), Lacan explicitly returns to the question of supervision. At this point, his work no longer only starts from the idea of 'the unconscious structured like a language' but also from the complex theoretical notion of *lalangue*, 'Llanguage' (Laurent, 2016; Vanheule, 2011). 'Llanguage' is a crucial concept in Lacan's later teachings. It refers to the a-semantic side of speech: to the tonality and musicality of speech qua expression of corporal drive-related tension, and to the many possible equivoques (double meanings) in language that echo similarities of sound rather than conceptual links between words. The concept of 'Llanguage' indicates that while speech has a communicative function, it also serves enjoyment, or 'jouissance' as Lacan would say (Dulsster, 2015). For example, Lacan recognizes 'Llanguage' in the babbling of children who do not yet speak but enjoy producing sounds. Interestingly, Lacan discussed his concept of 'Llanguage' in a dialogue with the works of James Joyce, especially *Finnegans Wake* (Joyce, 2009 [1939]), which, in his view, demonstrate very well what 'Llanguage' is. A nice example discussed by Lacan (2005 [1975], p. 166) is the following phrase from Joyce: 'Who ails tongue coddeau a space of dumbillsilly?' Written, it makes no sense at all (although we can discern some words), but spoken out loud, one can hear meaning. Phonologically, these words echo the French

sentence ‘où est ton cadeau, espèce d’imbécile?’ [‘where’s your gift, you complete idiot?’]. As we communicate, we impose the structure of language on ‘Llanguage’ to create meaning. Hence, the structure of language is only a fabrication, a surplus, which makes us believe that speech, which primarily echoes corporeal tension and enjoyment, has a communicative function (Miller, 2015 [2014]). Indeed, in his later work Lacan no longer focuses solely on the dimension of repressed desire arising in the reference between signifiers, but also on the embodied side of speech. While at the time of ‘The function and field’ the symptom was just a rebus that needs to be deciphered (a signifier referring to another signifier), his later focus on ‘Llanguage’ also implies a focus on the nonsensical corporeal jouissance that we all struggle with. In this view, the meaning of a symptom not only constitutes symbolic knowledge that needs to be heard, but also makes up a circuit of jouissance that a patient might well get addicted to. Therefore, when making interventions the analyst should not simply stimulate the production of meaning by ‘listening’ for meanings, but examine how the analysant deals with nonsensical excitement, and switch to ‘reading the meaningless’ (Miller, 1996). As such, next to careful listening to the play of signifiers, psychoanalysis concerns reading ‘Llanguage’ as well (Miller, 2011). Such ‘knowing-how-to-read’ consists in putting distance between speech and the meaning it carries. Accordingly, the object of supervision will no longer only be the structure of language and meaning, but also the tension between language and ‘Llanguage’ (Brousse, 2015).

An interesting example of how ‘Llanguage’ works can be found in a testimony that Veronique Voruz (2016a) gave about her own analysis. Suffering from systematic eye inflammations, during her analysis she found herself saying “C’est mon histoire d’yeux!” [‘It’s the hassle with my eyes’] (Voruz, 2016a, p. 99), at which point the analyst exclaimed “Dieu [God], finally I hear it!”, emphasizing the equivocation between d’yeux [eyes] and Dieu [God], and ended the session. Voruz indicates that this surprising intervention relieved the symptom dramatically. For her, the expression ‘Dieu’ echoes her mother’s almost insane and furious religious faith. Being called “the messenger of the Prince of Darkness” by her mother, Voruz had experienced the pressure of her mother’s hateful and insane gaze during her childhood. This burdened her with a tension or jouissance that stuck to her. Her symptomatic eye inflammations likely bore the trace of the insanity radiating from her mother. During the analysis, unconscious determinations of the symptom had been explored, but eye inflammation persisted. The both surprised and surprising intervention of the analyst seems to have relieved the maternal jouissance etched onto her body. ‘Dieu’ is a cardinal expression from the mother’s discourse. It is an element burdened with insane jouissance that, apart from its conventional meaning, began to occupy a central role in the ‘Llanguage’ of Voruz, where it found expression

in the equivocal ‘Yeux’. Such a circuit of senseless jouissance cannot be tackled by focusing on desire and truth, but by reading how ‘Llanguage’ has functioned, and carried equivocal links between words. This shift has clear implications for psychoanalytic practice and as such on what is at stake in supervision, as Lacan makes clear in his XXIIIrd seminar (Lacan, 2005 [1975–76]). The Stage of the Rhino In seminar XXIII, Lacan states:

“There is a stage when they [the analysts] go like a rhino. They go barging in any old how, and I always go along with them. Indeed, they are always right. The second stage consists in playing on the equivoque that might free up something of the Sinthome. Indeed, the interpretation operates solely through equivoques. There has to be something in the signifier that resonates” (Lacan 2005 [1975–76], p. 9).

The Stage of the Rhino

Lacan first discerns the ‘stage of the rhino’, where he encourages the analysts to follow their own ‘movement’ or inspiration. One of the purposes of letting the rhino rampage is to avoid imaginary identification with the supervisor. As Silvestre (1975) states, there is always the curiosity of the analyst concerning the Other analyst and, for this reason, the danger that the analyst responds from the position of being ‘the example of how one should direct his psychoanalytic practice’. If imitation is the product of supervision, the result must be a lack of autonomy, and a mere ritualization of clinical practice (Szecsödy, 2008). More essentially, the analyst who, like a Rhino attacks blindly, is only guided by his ears (Kessler, 2012): he just tends to unconscious truth and goes against imaginary concerns that might inhibit the analytic process. The armoured rhino is the opposite of the divided analyst, fundamentally doubting and uncertain (Laurent, 2016). To substantiate what Lacan means by this stage of the rhino, Jonckheere (2000) refers to Philippe La Sagna (1999) who said that at the beginning of his supervision, Lacan kept repeating: “you’re wonderful, it’s exactly like that!” Everything he did as an analyst was just “tremendous”, but, at one point, La Sagna had to assess that not all the effects of his interventions were as tremendous as Lacan said. At one time, he proclaimed to Lacan: “You said to me that it was exactly like that, but it can’t be right”, to which Lacan replied, “Now that you say it yourself, I am relieved to see you noticed it too”. For La Sagna, Lacan was playing on the pun that “tremendous” also meant “terrifying”, and as such suggested that La Sagna’s interventions were both formidable and terrifying at the same time. Like the rhino, every starting analyst ‘smells’ exactly where to go, but tends to proceed too boldly, with

the blind violence of the rhino. It could be argued that acting like a rhino, even an anxious one, is not a bad way to enter clinical practice (Matet, 2015). The question is how to remain a bit of a rhino, while supplementing one's interventions with a certain elegance (Biagi-Chai, 2015). By at first encouraging rhino-like behaviour, Lacan seems to counter analysts' tendencies to practice in a rather passive way. Their so-called 'analytic' silence often betrays a fear of offering interpretations (Jonckheere, 2000). When the analyst avoids this, the supervisor has a crucial role (Kessler, 2012). A supervisor cannot formulate what an intervention should be, nor does he know the effect of the said intervention. Something must, however, open up. As such, the purpose of supervision is to support the analytic intervention at a point where there is no manual (Matet, 2015). Without a manual, the analyst must make sure his speech 'creates', and supervision should facilitate that. This is illustrated by Bonneau (2015) who talks about how, at the beginning of her practice as a psychologist, the quest for hidden meaning fascinated her. Yet she was confronted with the solitude of the analytic practice and the effects of her speech on patients. Supervision allowed her to discard her fascination with meaning, which was blinding her, and to tend to the speech of her patients. She states that it was not her practice that was supervised, but that supervision created the opportunity to intervene more precisely. This is why Lacan disliked the term 'control-analysis', which continues to be used in France with reference to supervision: supervision doesn't have to 'control' anything but open the possibility for the supervisee to be creative. As such, being a rhino in the realm of the symbolic is a necessary part of being an analyst and has a liberating impact relative to the habitual silence and inhibition of the analyst.

The Stage of the Pun

However, supervision is not only about 'letting the rhino have his way'. There is a second stage to supervision: "it consists in playing on the equivoque that might free up something of the *sinthome*. Indeed, the interpretation operates solely through equivoques. There has to be something in the signifier that resonates" (Lacan, 2005 [1975–76], p. 9). At this stage, the analyst should hear the 'Llanguage' that is present in the discourse of the analysant and learn how to play with equivocality and pun to operate on the *jouissance* associated with the symptom. The analyst must oppose the pun of the symptom with the pun of his interpretation (Jonckheere, 2000). Again, this follows Lacan's viewpoint on analytic practice and the symptom, focusing on 'knowing-how-to-read', and thus complementing the 'saying-it-well' or 'full speech' that was present at the time of 'The Function and Field' (Miller, 2011). What is at

stake in this ‘second stage’ of supervision is illustrated well by Eric Laurent (1992). As Jonckheere (2000) indicates, in a brief book chapter, Laurent (1992) discusses the case of a man who was fantasizing about plastic surgery for his nose, indicating that he talked about the case during supervision with Lacan. Laurent tried to explain to Lacan that he was working very hard, like a rhino so to speak, to put this patient off the idea of having his nose operated on. Lacan listened, but also brought him to a standstill. To effectuate this standstill, he made a paradoxical intervention. While Lacan always recommended analysts to refrain from checking things in reality (see the case Ernst Kris discussed above), he asked Laurent if the nose of the analysant is truly ugly. Somewhat stupefied, Laurent denied this, and then Lacan drew attention to a pun echoing the analysant’s struggle: his desire for a ‘nouveau nez’ [a new nose] might express a desire for a newborn child or ‘nouveau né’ [newborn] (Laurent, 1992).

For Lacan, this second stage of supervision challenges the surprising *jouissance* that resonates in the analysant’s utterings, which cannot be explained rationally. As stated by Solano-Suarez (2014, p. 2), moments of supervision with Lacan that addressed this dimension were ‘flashing’ and ‘instantaneous’, no matter what case was presented. There was no room to elaborate complex ideas on a case, or to glide into sophisticated meanings associated with a symptom. She never received any remarks or suggestions – he let her proceed in her own rhino-like way – but he was attentive to the dimension of ‘Llanguage’. His comments usually touched on the speech of the analysant that she was discussing and echoed what was resonating literally in her expressions (the pun). According to Solano-Suarez (2014, p. 2), Lacan aimed at ‘hearing in another way’, focusing on ‘what could be heard’ beyond meaning, thus making ‘meaning’ explode until it became utter non-sense. The testimony of Voruz addressed the same issue. Hearing people speak often makes (Lacanian) psychoanalysts focus solely on the dimension of unconscious truth only. This results in an exploration of subjective division but might make the analyst get stuck at the level of the symbolic, which can have an arresting effect: the analyst gets caught in ‘the delusion of the symbolic’. Beyond this, signifiers carry an inexplicable private *jouissance*, which can be heard, but not be explained.

The Hidden Stage: Incarnating the Object

According to Jonckheere (2000) we cannot limit ourselves to this distinction between language and ‘Llanguage’. There is another side to this second stage of supervision, namely the question as to how the analyst can incarnate the dimension of the object *a*. This object *a* is what, for the subject, expresses the desire of the Other, beyond the dimension of the symbolic. In

Voruz's testimony about her personal analysis we see that she repeats that the intervention of her analyst 'finally I hear it!' was made with 'a roar' (Voruz, 2016a, p. 106; 2016b, p. 173). As such, her analyst incarnated the object voice, an object that seemed very important throughout her history and her analysis.

After having focused on the signifier for many years (e.g., Function and Field), and before starting to focus on *jouissance* in Llanguage, Lacan makes an important shift in the early 1960s. Problems that were first approached with strict attention to the logic of the signifier are now addressed in terms of the limits of the symbolic (Vanheule, 2011). Some aspects of Being cannot be grasped through language and the drive cannot be simply reduced to the symbolic. As such, he will introduce the object *a* as what remains irreducible in the process of articulating the subject by means of language. No matter how much signifiers are being produced, some aspects will remain unarticulated. These unarticulated elements of the drive will serve as a cause of desire for the subject. Lacan links the dimension of the object *a* to specific registers of the drive, connected to specific erogenous zones. As such, manifestations of the object *a* can be found in the oral, anal, scopic and invocative register (i.e. in aspects of excess or lack that come to the fore in how the Other receives, gives, looks and speaks). Neurosis implies the belief that manifestations of the object *a* in the Other expresses the Other's desire (Lacan, 2004 [1962–63]), which is always linked to the corporal dimension (Vanhaute, 2000). The object *a* is an element beyond linguistic representation, that gives 'flesh and bones' to sessions, in that it presents the analysant with the corporeal presence of the analyst. As we can see in the following example, this dimension cannot be ignored in transference: an analysant discussed a dream in which he held a box, secretly opening it. Looking up, he sees the analyst looking at him, suddenly feeling caught and feeling a lot of shame. In this dream, beyond the relevant signifiers, we see a representation of the object gaze. This dimension of the gaze seemed to be neglected by the analyst and at a certain point the analysant stopped the treatment, indicating: 'if I'm only here to talk, why would it be necessary to talk to you? I could also talk to another analyst!' For this analysant, the other's gaze had a fueling effect on his desire, which his analyst seemed to neglect. These examples highlight Lacan's idea that the subject is not only an effect of signifying articulation but is also determined by the object *a*, manifestations of which are linked with specific registers of the drive. Beyond the focus on meaning and the deciphering of the unconscious, and apart from its manifestation in Llanguage, the remainder of the drive also manifests bodily during social interaction or in transference.

According to Jonckheere (2000), 'incarnating the object' was important for Lacan in supervision. This might be discerned in the testimony of Jean-Claude Razavet (1992).

Razavet's analysant was an obsessional man. On the one hand, he complained of depressive spells, with the words: "I feel gloomy, I feel dark." On the other hand, he felt less dark when he decided to become a notary's clerk. Remarkably, this analysant, with his obsessional complaint of feeling 'dark' was a black man. However, not only was his symptom based on a pun, this was also true of his auto-therapy, that is, his desire to become a clerk. Unfortunately, in English the signifier 'clerk' loses the double meaning of the original French signifier. In French, the word clerk is homophonic with clair, meaning 'clear' in the sense of 'bright', 'light'. Concerning his analysis, Razavet remarks that in the first period of his transference, this obsessional man behaved like a black slave towards his white master, but little by little his exaggerated positive transference was disturbed by violent fantasies of throwing his analyst out of the window of his office. Finally, these fantasies became so overwhelming and so 'realistic' that Razavet became terror-stricken and literally fled to Lacan for supervision on the case. Lacan's advice: "but why don't you throw him out of the window?" Razavet responded that it's not a window, that it's a wardrobe with mirrors. "Well, then just buy yourself a knuckle-duster, or don't you know what that is?" – and before Razavet could answer, Lacan extracts a knuckle-duster from his pocket, holding it under the nose of the bewildered Razavet. By this intervention of Lacan, Razavet is 'mobilized' and not rooted to his seat any longer. The next time his analysant threatens to throw him out the window, at the borderline of fantasy and reality, Razavet gets up, saying: "if you continue like that, I will throw you out." After this intervention, the aggression of the patient calmed down. Razavet points out that with his manipulation of this very real object, the knuckle-duster, Lacan stressed the dimension of semblant, of make-believe, the appearances an analyst should keep up in the transference.

In this fragment of supervision, Lacan incarnated the remainder of the drive and embodied the issue of symbolically delimited jouissance (Jonckheere, 2000). Analysts often expect that supervision will neutralize their presence in the analytic process, but in fact their presence is crucial (Cauwe, Vanheule & Desmet, 2017). They must be able to make 'their body present' by incarnating something of the drive, being able to use their voice, their gaze, their silence...

However, the presence of his own body, and the attempt to incarnate the dimension of the drive for a specific analysant, can be a genuine problem for the analyst. Here we could argue that besides the consistency of the imaginary and the delusion of the symbolic, supervision concerns the body as real, as a substance of jouissance. It is evident that one considers the body of the patient and the symptoms that are presented, but one must also consider the body of the analyst. When Lacan (2011 [1971–72]) discusses the status of preliminary sessions, he stresses

the presence of two bodies. The body is not only a body that sits on a chair all day, it is a body that is part of the analytic discourse; it is an instrument, it incarnates a presence, a being-there. The analyst must 'mount the stage'. The body of the analyst in the analytic discourse is not just a lack, it is also incarnating the presence of this object (Solano-Suarez, 2015). What operates in the analysis is not only of the order of the representation of the signifier, it requires the 'presentation' of the object *a* (Lacan, 2017 [1978], p. 8).

The body of the analyst must be present, but not burdened with affect and *jouissance*. The idea of the object *a* qua restricted expression of *jouissance* makes this clear. However, it is not uncommon that, when the analyst speaks about a certain case, his body is strongly affected (Naveau, 2015). Sometimes the speech of the analysant creates anxiety, pain and despair for the analyst, he enjoys or is affected by shame or worries concerning his interventions or position, creating an inhibition, rendering him a dead body. The analyst should be able to incarnate a presence, sometimes very active, sometimes absent, sometimes discrete, depending on the case. According to Laurent (1992) this is the dimension of 'knowing-how-to-act' ('savoir faire') in clinical work. One should explore what kind of drive-related object one is for the analysant, and actively work with this dimension. The analyst should be present in the analytic work, but his actions should be emptied of private *jouissance*. If the latter takes over, the analyst should be encouraged to start a personal analysis again.

Discussion

Lacan opposed the concepts of 'supervision' and 'contrôle', but finally preferred the neologism 'super-audition'. Supervision is not about a senior analyst with superior expertise who sets an example as to how one should practice. As stated in the introduction, Lacanian supervision is not concerned with 'gatekeeping'. Supervision doesn't 'control' anything but opens the path towards inventive psychoanalytic work. Letting the rhino rage in the realm of the symbolic, the super-audition of 'Llanguage' and working with the position of the object are crucial components of Lacanian supervision. To effectively implement these obstacles at the level of the imaginary, the symbolic and the real need to be challenged.

Starting from 'The Function and Field', a first target of Lacanian supervision consists of tackling the consistency of the imaginary: the supervisor must counter the imaginary tendency to neglect unconscious truth. At this point, it is a matter of hearing the ever-surprising symbolic dimension of speech beyond what we presume to know already. The supervised analyst should be able to take the place of the supervisor, in the sense that it concerns a 'second subjectivity', not being blinded by the consistency of the imaginary.

Second, Lacanian supervision focuses on taking into account the dimension of Llanguage in speech and symptoms. Beyond the ‘rhino-like’ search for unconscious truth, the analyst must listen to the jouissance resonating in the signifier. Consequently, supervision goes against the ‘delusion of the symbolic’, that is, the idea that speech is all about meaning, and makes the analyst see that language is a structure imposed on ‘Llanguage’. Instead of imposing meaning, the analyst must work in the opposite direction, using the equivocal as an answer to the symptom. The analyst must learn how to read what the patient has written in the symptom.

Third, Lacanian supervision focuses on making the analyst incarnate the place of the object *a* for an analysant. The analyst should be present in the analytic work, but his actions should be emptied of private jouissance. The analyst is not only a body that sits on a chair playing with words. It is a body that is part of the analytic process; it is an instrument, it incarnates a presence, a being-there. The analyst must ‘mount the stage’. If inhibition or jouissance take over, the analyst should be encouraged to start a personal analysis again.

All aforementioned obstacles blind the analyst, making him close his eyes and fall asleep in common sense thinking. Supervision counters this tendency and is about being vividly present in clinical work. Indeed, therefore the Lacanian analyst should visit a supervisor: it helps him or her to stay awake and stay attuned to the analysant.

Considering supervision from a Lacanian perspective has some clear implications. First, by not focusing on gatekeeping, and by ‘letting the rhino rage’, the practice of Lacanian supervision might help avoid some common pitfalls encountered in psychotherapy supervision. Considering supervision as a gatekeeping practice might inhibit the supervisee from speaking truthfully about cases (Grinberg, 1997). As Thomas (2014) indicated, the inequality and the power in the relation can render the supervisee vulnerable and dependent. By disconnecting supervision from institutionalized purposes, Lacanian supervision somewhat solves this and gives the supervisee freedom to choose a supervisor, which adds the dimension of transference to supervision. This enables the supervisee to leave a supervisor without consequence. This is very important as Moskowitz and Rupert (1983) indicate that 40% of students in training experience conflict during their supervision. Gray et al. (2001) observe that students often say that supervisors do not respond empathically or ignore or even reject events brought forward by the supervisee. Sometimes they have to change the treatment without further explanation.

Second, although there is no one model or style of supervision that could be used by all practitioners in all settings and at all times in their career (Fleming & Steen, 2004b), it might be useful to differentiate between (non-chronological) stages in the practitioner’s working life. A Lacanian supervisor, for example, might start from the difference between the stages of ‘the

rhino’, ‘the pun’ and ‘the object’. These stages might make sense for other therapeutic approaches as well. For example, we can link the so-called ‘stage of the rhino’ to Szecsy’s (2008) remark that, not surprisingly, supervisees respond to a climate of trust, understanding and acceptance when making themselves vulnerable by presenting their therapeutic work. Excessive criticism can be humiliating and injurious to analytic and psychotherapeutic development and learning (Blum, 2007 in Rubinstein, 2007; Gray et al., 2001). If the supervisor does not let the rhino rampage a bit, inhibition could arise from the horror of control by the paternal eye watching over them (De Bell, 1963). As stated by Wheeler (2004), supervisees in training look to the supervisor to provide them with support, guidance and encouragement. However, anxiety about exposing potential mistakes to an authority figure is ever present. We believe that our three Lacanian stages of supervision can help provide optimal conditions for a practitioner to integrate experiences, theoretical knowledge, and personal style in developing their competence in handling the psychoanalytic process, as well as receiving proper supervision for psychotherapy.

All of this raises further questions, however. First, discussing countertransference in supervision seems to be one of the most controversial aspects of supervision (De Bell, 1963; Lebovici, 1970; Eizirik & Zaslavsky, 1989; Rubinstein, 1992; Grinberg, 1995, 1997; Zaslavsky, 1999; Zaslavsky, Nunes & Eizirik, 2005). For Freud (2006 [1910]) it was necessary for the analyst to recognize and overcome countertransference in order to work effectively with patients. Identifying, containing and understanding countertransference can do much to improve the quality of psychological care given in mental health settings (Wallerstein, 2001). Supervisors often differ in terms of the attitude one should adopt with the countertransference of the supervisee towards his patient (Grinberg, 1997). Lacan, by contrast, was critical of theories concerning countertransference and aimed at integrating such issues into discussions of transference. As such, it would therefore be interesting to study how the dimension of countertransference is handled in the Lacanian approach of supervision.

Second is the question of diagnostics and intervention. Lacan, as he ‘lets the rhino rage’, doesn’t seem to discuss the diagnoses and interventions that his supervisees present. Nor does he seem to let his supervisees elaborate cases in detail. It would be worthwhile to explore conceptual and clinical rationales behind this approach, and to systematically map how it took shape in Lacan’s practice.

Lastly, how do these theoretical ideas translate into the day-to-day practice of supervision? We considered Lacanian supervision from a theoretical perspective and mostly used clinical examples of analysts in supervision with Lacan. This doesn’t fully grasp Lacan’s

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practice as a supervisor. To get better insight, a systematic study of testimonies on supervision with Lacan might be worthwhile (e.g. Geblesco, 2008). To further elaborate our ideas on the three stages of supervision, it would be interesting to examine how these appeared in Lacan's work as a supervisor, and how they appear nowadays in the practice of supervision.

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References

- André, S. (2014) Réflexions sur le contrôle. Actes du Forum de l'École de la Cause Freudienne (28 and 29 March 1981), pp. 9–11.
- Anonymous (1976) D'un discours (hystérique) à l'autre (analytique), l'institution dite du contrôle. *Scilicet* 6/7: 204–22.
- Barnett, J.E. & Molzon, C.H. (2014) Clinical supervision of psychotherapy: Essential ethics issues for supervisors and supervisees. *Journal of Clinical Psychology* 70: 1051–61.
- Biagi-Chai, F. (2015) Contrôle ou éthique du bien dire. *Quarto* (110) – La formation sur mesure du psychoanalyste, pp. 42–3.
- Blum, H.P. (2007) Interview. In: Rubinstein, L.E. (ed.), *Talking about Supervision. Psychoanalytic ideas and applications*. London: International Psychoanalytic Association.
- Bonneau, C. (2015) L'effet 'tsunami' du contrôle. *Quarto* (110) – La formation sur mesure du Psychoanalyste, pp. 44–5.
- Brousse, M.-H. (2015) Le contrôle sur mesure. *Quarto* (110) – La formation sur mesure du psychoanalyste, pp. 22–35.
- Cauwe, J., Vanheule, S. & Desmet, M. (2017) The presence of the analyst in Lacanian treatment. *Journal of the American Psychoanalytic Association* 65(4): 609–38.
- Corrie, S. & Lane, D.A. (2015) *CBT Supervision*. London: Sage.
- De Bell, D.E. (1963) A critical digest of the literature on psychoanalytic supervision. *Journal of the American Psychoanalytic Association* 11(3): 546–75.
- De Kesel, M. (2017) Subject of language: Reading the function and field of speech and language in psychoanalysis. Available at: http://marcdekesel.weebly.com/uploads/2/4/4/4/24446416/subject_of_language_kesel_def_def.pdf (accessed 15 November 2018).
- Dulsster, D. (2015) Woorden die snijden [Words that cut]. *Tijdschrift voor Psychoanalyse [Journal of Psychoanalysis]* 21: 98–106.
- Dulsster, D., Vanheule, S., Cauwe, J., Ingouf, J. & Truijens, F. (2018) Lacanian talking therapy considered closely: A qualitative study. *Psychoanalytic Psychology*. <https://doi.org/10.1037/pap0000187>
- Eizerik, C.L. & Zaslavsky, J. (1989) Abordagem da contratransferência na supervisão da psicoterapia [An approach to countertransference in the supervision of psychotherapy]. In: Eizerik, C.L., Aquiar, R.W. & Schetstsky, S.S. (eds),

- Psicoterapia de orientação analítica: teoria e prática [Psychotherapy of Analytical Orientation: Theory and Practice], pp. 296–304. Porto Alegre: Artes Médicas.
- Ekstein, R. & Wallerstein, R.S. (1958) *The Teaching and Learning of Psychotherapy*. New York: Basic Books.
- Ellis, M., Ladany, N., Kregel, M. & Schult, D. (1996) Clinical supervision research from 1981 to 1993: A methodological critique. *Journal of Counseling Psychology* 43(1): 35–50.
- Falender, C.A., Shafranske, E.P. & Ofek, A. (2014) Competent clinical supervision: Emerging effective practices. *Counselling Psychology Quarterly* 27(4): 393–408.
- Fink, B. (2007) *Fundamentals of Psychoanalytic Technique: A Lacanian Approach for Practitioners*. New York: W.W. Norton & Co.
- Fleming, I. & Steen, L. (2004a) Introduction. In: Fleming, I. & Steen, L. (eds), *Supervision and Clinical Psychology: Theory, Practice and Perspectives*, pp. 1–14. New York: Brunner-Routledge.
- Fleming, I. & Steen, L. (2004b) Conclusions and future perspectives. In: Fleming, I. & Steen, L. (eds), *Supervision and Clinical Psychology: Theory, Practice and Perspectives*, pp. 211–30. New York: Brunner-Routledge.
- Freud, S. (2006 [1910]) De toekomstkansen van de psychoanalytische therapie [The future prospects of psychoanalytic therapy]. *Werken* (5) [Works 5]. Amsterdam: Boom.
- Geblesco, E. (2008) *Un amour de transfert: Journal de mon contrôle avec Lacan (1974–1981)*. Paris: EPEL.
- Gorog, J.J. (1992) La pratique du contrôle dans l'École. *Lettre Mensuelle de l'ECF* (105), pp. 24–6.
- Gray, L.A., Ladany, N., Walker, J.A. & Ancis, J.R. (2001) Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology* 48(4): 371–83.
- Grinberg, L. (1995) Consideraciones acerca de la transferencia y la contratransferencia en la supervisión [Thoughts about transference and countertransference in supervision]. In: *El psicoanálisis es cosa de dos [Psychoanalysis Made by Two]*. Valencia: Promlibro.
- Grinberg, L. (1997) On transference and countertransference and the technique of supervision. In: Martindale, B., Mörner, M., Rogriguez, M.E.C. & Vidit, J.-P. (eds), *Supervision and its Vicissitudes*, pp. 1–24. London: Karnac.
- Grotjahn, M. (1955) Problems and techniques in supervision. *Psychiatry* 18: 9–15.
- Henderson, P. (2009) *Supervisor Training: Issues and Approaches*. London: Karnac.

- Jonckheere, L. (2000) Supervision in psychoanalysis: A survey of the literature (till 2000). Available at: <http://lievenjonckheere-psy.be/file/481/download?token=oKLKOhxS> (accessed 30 June 2017).
- Joyce, J. (2009 [1939]) *Finnegans Wake*. Amsterdam: Athenaeum Polak & Van Gennepe.
- Keiser, S. (1956) Report of the outgoing chairman of the Committee on Institutes to the Board on Professional Standards. *Bulletin of the American Psychoanalytic Association* 25: 1168–9. Kessler, C.H. (2012) *Le contrôle et l'acte analytique*. Available at: http://www.congressoconvergencia.com/site/index.php?option=com_content&view=article&id=72:le-controle-et-lacte-analytique&catid=25:the-project&Itemid=44 (accessed 30 June 2017). Kilminster, S.M. & Folly, B.C. (2000) Effective supervision in clinical practice settings: A literature review. *Papers from the 9th Cambridge Conference. Medical Education* (34): 827–40.
- Lacan, J. (1966 [1953]) The function and field of speech and language in psychoanalysis. In: *Ecrits*, pp. 197–268. English edition. Fink, B. (trans.). New York: W.W. Norton & Co., 2002.
- Lacan, J. (1975 [1953–54]) *Le Séminaire I: Les écrits techniques de Freud*. Paris: Seuil.
- Lacan, J. (1976 [1975]) *Conférences et Entretiens dans des Universités Nord-Américaines: Columbia University. Scilicet* (6/7): 42–52.
- Lacan, J. (2001 [1967]) *Proposition du 9 octobre 1967 sur le psychanalyste de l'École. Autres Ecrits*. Paris: Seuil.
- Lacan, J. (2004 [1962–63]) *Le Séminaire X: L'angoisse*. Paris: Seuil.
- Lacan, J. (2005a [1975–76]) *Le Séminaire XXIII: Le Sinthôme*. Paris: Seuil.
- Lacan, J. (2005b [1975]) *Joyce Le Symptôme. Le Séminaire XXIII: Le Sinthôme*. Paris: Seuil.
- Lacan, J. (2011 [1971–72]) *Le Séminaire XIX: ... Ou pire*. Paris: Seuil.
- Lacan, J. (2017a [1971]) *Knowledge, Ignorance, Truth and Jouissance. Talking to Brick Walls*. English edition. Medford, MA: Polity Press.
- Lacan, J. (2017b [1978]) 'Le rêve d'Aristote' Conférence à l'UNESCO le 1e juin 1978. *La Cause du désir* (97): 7–9.
- Langs, R. (1994) *Doing Supervision and Being Supervised*. London: Karnac.
- La Sagna, P. (1999) *Oui, mais comment le dire? Lettre Mensuelle de L'ECF* (102).
- Laurent (1992) *Quatre remarques sur le souci scientifique de Jacques Lacan*. In: *Connaissez-*

- vous Lacan?, pp. 41–3. Paris: Seuil.
- Laurent, E. (2016) *L'envers de la Biopolitique. Une écriture pour la jouissance*. Paris: Navarin. Le Champ Freudien.
- Lebovici, S. (1970) Technical remarks on the supervision of psychoanalytic treatment. *International Journal of Psychoanalysis* 51: 385–92.
- Matet, J.D. (2015) Incomplétude et permanence du contrôle. *Quarto (110) – La formation sur mesure du psychoanalyste*, pp. 40–1
- Miller, J.-A. (1996) L'interprétation à l'envers. *La Cause Freudienne* (32): 9–13.
- Miller, J.-A. (2011) Reading a symptom. *Hurly-Burly* (6): 143–52.
- Miller, J.A. (2015 [2014]) *L'inconscient et le corps parlant. Scilicet: Le Corps Parlant*. Paris: Ecole de la Cause Freudienne.
- Moskowitz, S. & Rupert, P. (1983) Conflict resolution within the supervisor relationship. *Professional Psychology: Research and Practise* 14: 71–94.
- Naveau, L. (2015) L'analyste comme sinthome. *Quarto (110) – Formation sur mesure du psychanalyste*, pp. 46–7.
- Ogden, T.H. (2005) On psychoanalytic supervision. *International Journal of Psychoanalysis* 86: 1265–80.
- Poe, E.A. (1845) The Purloined letter. Available at: <http://xroads.virginia.edu/~hyper/poe/purloine.html> (accessed 15 November 2018).
- Rainbow Report (1955) Report of the Survey Steering Committee to the Board on Professional Standards. New York: American Psychoanalytic Association.
- Razavet, J.-C. (1992) Le contrôle comme rectification subjective. *Lettre Mensuelle de L'ECF* (114).
- Roth, A. & Fonagy, P. (1996) *What Works for Whom? A Critical Review of Psychotherapy Research*. London: Routledge.
- Rubinstein, E. (2007) Talking about supervision. In: *Psychoanalytic Ideas and Applications*. London: International Psychoanalytic Association.
- Rubinstein, G. (1992) Supervision and psychotherapy: Toward redefining the differences. *The Clinical Supervisor* 10: 97–116.
- Silvestre, M. (1975) S'en tenir au contrôle. *Lettres de l'EFP* (16): 246–53.
- Solano-Suarez, E. (2014) Apprendre à lire autrement. Available at: <http://www.ch-freudien-be.org/2014/02/courrier-ecf-messenger-question-dcole-le-8-fvrier-on-nous-crit-de-la-commission-de-la-garantie/> (accessed 15 November 2018).
- Solano-Suarez, E. (2015) Le contrôle sur mesure. *Quarto (110) – La formation sur mesure du*

- psychoanalyst, pp. 22–35.
- Szecsödy, I. (2008) Does anything go in psychoanalytic supervision? *Psychoanalytic Inquiry* 28(3): 373–86.
- Thomas, J.T. (2014) International ethics for psychotherapy supervisors: Principles, practices and future directions. In: Watkins, C.E. & Milne, D.L. (eds), *The Wiley International Handbook of Clinical Supervision*, pp. 131–54. Chichester: Wiley Blackwell.
- Vanhaute, P. (2000) *Tegen de aanpassing [Against Adaptation]*. Nijmegen: Sun.
- Vanheule, S. (2011) *The Subject of Psychosis: A Lacanian Perspective*. London: Palgrave MacMillan.
- Voruz, V. (2016a) Een ogenverhaal [A History of Eyes], pp. 95–112. *Via Lacan. Tijdschrift voor Psychoanalyse van de New Lacanian School*.
- Voruz, V. (2016b) *Se séparer sans s'arracher. La Cause du Désir* (92): 169–74.
- Wagner, F. (1957) Supervision of psychotherapy. *American Journal of Psychotherapy* 11: 759–68.
- Wallerstein, R.S. (2001) Foreword. In: Martindale, B., Mörner, M., Rogriguez, M.E.C. & Vidit, J.-P. (eds), *Supervision and its Vicissitudes*. London: Karnac.
- Wheeler, S. (2004) A review of supervisor training in the UK. In: Fleming, I. & Steen, L. (eds), *Supervision and Clinical Psychology: Theory, Practice and Perspectives*, pp. 15–35. New York: Brunner-Routledge.
- Zaslavsky, J. (1999). Supervisao em psicoterapia de orientação analítica: o relacionamento do supervisor com o supervisionando e o manejo da transferência e da contratransferência. [Supervision in psychotherapy of analytical orientation: The relationship of the supervisor with the supervisee and the management of transference and countertransference]. *Rev Bras Psicoter* (1): 129–37.
- Zaslavsky, J., Nunes, M. & Eizirik, C. (2005) Approaching countertransference in psychoanalytic supervision: A qualitative investigation. *International Journal of Psychoanalysis* 86: 1099–132.

5

SUPERVISION FROM A LACANIAN PERSPECTIVE CONSIDERED CLOSELY – A QUALITATIVE STUDY

In this chapter⁸ we aim 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 believed were crucial components in these accounts of supervision. We interpret the data within the context of Lacan's text, "The 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 indicated how their supervisor focused on the symbolic dimension of speech, helping them avoid getting deceived by the dimension of the imaginary. For this purpose, they chose a supervisor who was both knowledgeable and stimulating. During the actual supervision process, the supervisor did not respond from a master position, nor did she coach the supervisees. Supervisees were able to develop their own style and framework for clinical work. Through discussing cases, supervisees learned to construct cases and focus on the singularity of the case, beyond structural diagnosis. Lastly, the Lacanian supervisors only focused on the cases discussed, not on the person of the supervisee.

⁸ This chapter is based on Dulsster, D., Vanheule, S., Hermans, G., Hennissen, V. (accepted, in revision). Supervision from a Lacanian Perspective Considered Closely. *British Journal of Psychotherapy*.

Introduction

Supervision is considered a part of professional development in psychotherapy (e.g. Fleming & Steen, 2004) and a prerequisite for good practice (e.g. Roth & Fonagy, 1996; Corrie & Lane, 2015; Barnett & Molzon, 2014). As such, supervision is a central component of clinical training in most forms of talk therapy (e.g. Rainbow Report, 1955). It offers a platform of support for therapists and a place to reflect critically on their own daily functioning. Consequently, the supervision process is the primary experiential vehicle in the education of psychoanalysts, too (Wallerstein, 1997). This is not surprising; the practice of supervision originates from Freud's private dialogues with his students. Supervision is a place for the analyst to learn about the close interplay of theoretical concepts and clinical observations and, as such, 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, including through symptom reduction and the increased ethical practice of their therapists (Bradshaw et al., 2007; Lichtenberg, 2007; Watkins, 2011).

For the supervisee, the aim of supervision is to acquire psychoanalytic competence in understanding and handling the analytic process and to be able to conduct a psychoanalysis on his own (Filet and Szönyi, 2009; Junker et al., 2008; Tuckett, 2005).

As supervision is such 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 (Watkins, 2019), heuristic models (Zachrisson, 2011), and how a supervisee should be evaluated and assessed (Aronowitsch, 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; Rubinstein, 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). This shouldn't surprise us, as Lacan never formalized or institutionalized supervision, nor did he formulate a systematic theory about it (André, 2014; Gorog, 1992). As Lacanian psychoanalysis inspires more and more clinical psychotherapists across the globe, it is important to gain better insight into the process of its supervision.

The present study aims at mapping and interpreting key features of Lacanian inspired psychoanalytic supervision, this 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, we applied a thematic analysis to gain insight into what they believed was at stake in their 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: "The Direction of the Treatment and the Principles of its Power" (1957/2006). In this text, Lacan discusses key principles of Lacanian psychoanalytic practice, including a brief mention of supervision.

Direction of the Treatment

In 'The Direction of the Treatment and the Principles of its Power' (1957/2006), henceforward called '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, 1988/1954-1955, 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 meaning is always ambiguous, and communication is never truly reciprocal, gets ignored. To give an example, even a sentence like "do you want coffee?" can have multiple meanings: "Do you want coffee? Nice, me too, can you make it?" or "Do you want coffee? I'm just asking so we don't have to continue talking about this boring subject" or "Do you want coffee? If you say no, this means you'll ruin the mood and I'm going to break up with you in the next few days." (Cornelisse, 2009)

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.

5. Lacanian Supervision Considered Closely

We use the dimension of the imaginary to deceive ourselves about the symbolic. For Lacan (1988/1954-1955, p. 245), the symbolic represents “the ineffable experience” or the subject in its “ineffable and stupid existence” (Lacan, 2006/1959, p. 459). This symbolic dimension constitutes a lack-of-being that cannot be resolved, indicating that, ultimately, no human knows who he or she is or what he or she wants. Who one is as a subject is addressed by the words – or as Lacan says, “signifiers” – that make up the unconscious. Lacan took the concept “signifier” from linguistics, where it refers to the words and fragments of words we use to build sentences and narratives. It refers to key organizing signifiers that dominate in someone’s storylines and speech. Each subject has certain signifiers which structure and organize their narratives. Typically, experiences of identity revolve around such signifiers. They concern our primary identifications, which determine desires, ideas and behaviors. At the level of the unconscious such signifiers can be found in repetitively returning associations. A well-known example is the case of the Ratman by Freud, where the signifier *rat* represents a number of different scenes and contexts, appearing as a bridge between different narrative structures: *heiraten* -his doubts about marriage; *spielratte* -the gambling debts of his father; The *rat* torture -his obsessional thoughts... (Geerardyn, 2007).

Beyond conscious intentions, the subject is determined by the signifiers he or she uses. When speaking (about problems), our speech is permeated by signifiers that ‘insist’ or repeatedly return, which makes them have a particular value and weight. Symptomatic behaviors express such particular signifiers and give expression to repressed desire. Therefore, the analyst should pay attention to these signifiers in each particular case, paying careful attention to a person’s speech. The narrative continuity of the imaginary dimension is continually disrupted by the dimension of the unconscious, which occurs through formations of the unconscious: the symptoms, lapses, and dreams comprising the incoherent or conflictual 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, 1953/1966, p. 231). Lacan suggests that only by paying close attention to speech itself, and to the signifiers or words from someone’s speech, can a so-called “realization of the subject” be effectuated (Lacan, 1953/1966, p. 206). 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, 2006 [1957], p. 515).

Full speech exactly concerns those formations of the unconscious, words with a particular ‘value or weight’, which make clear that desire cannot be reduced to the control 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 analysant⁹ to accept subjective truths that have been neglected so far, and to act (e.g. breaking with a certain repetitive pattern in his life). The task of the analyst is to be attentive to the symbolic dimension, which appears through the cracks of the imaginary.

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 von Clausewitz, “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, p. 134-135). 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, her¹⁰ principal role consists of making full speech possible, making sure the analysant can associate freely, so

⁹ 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 analyze). Lacan prefers the expression analysant because of the active role it gives to the one who decides to engage in psychoanalysis (Lacan, 1974/2017).

¹⁰ Note on pronouns: Being interested to avoid perpetuating sexist language conventions in English, where the masculine gender is used as a default pronoun in all cases, in this paper we

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, in which an analyst "is always free in the timing and frequency, as well as in the choice of his interventions" (Lacan, 1957/2006, p. 491). Using the musical metaphor from 'Function and Field' (Lacan, 1953/1966, p. 241) the analyst should let the analysant play his music (speak) and punctuate this musical score with a metric beat: "analysis consists in playing on all the many staves of the score that speech constitutes in the registers of language." How one punctuates this musical score is entirely up to the analyst. The analyst can freely choose 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's 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 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, 1953/1966, 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, 1953/1966, p. 246). Transference is not a mere process of two comparable agencies (sender and receiver) exchanging information. It is an interaction between two (or more) individuals and a third

have chosen to use the feminine pronoun to refer to "the analyst" and "the supervisor" and the masculine pronoun to refer to "the analysant" and "the supervisee," when speaking in general terms. The reader may note that this will occasionally butt up against the use of the masculine pronoun to refer to the analyst in the quotations from Lacan's text. But we hope that the reader will have no trouble following along in such instances.

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, 2006/1957, 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. The analyst shouldn’t situate herself as an ego but as the one who underscores this otherness. 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. In bridge, the dummy may not participate, except playing his cards as directed by the other player. As the dummy is directed by the active player, the motivations of the active player become clear. Translated to the analytical session, 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 and the analyst will lend her presence (Monribot, 2014). Consequently, the analyst “pays with his person”, keeping her private experiences out of the equation. Forcing one’s own feelings and personality onto the analysant is an abuse of power (Fink, 2004). 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, 1957/2006, 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 concerning the direction of the treatment. This is the dimension where the analyst is tied hand and foot.

Politics

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. Aspects of desire that were first denied can be recognized and accepted as belonging to oneself. 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, nor her being, 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 is even less free, being dominated in both her strategy and her tactics, "where he would do better to take his bearings from his want-to-be than from his being" (Lacan, 1966/1957, p. 493). The analyst 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 the concepts of tactics, strategy, and politics, he didn't really discuss the implications that this might have for supervision. Yet, we believe that this is relevant. Given Lacan's ideas on the practice of psychoanalysis, we assume that a supervisor inspired by Lacanian psychoanalysis, would refrain from focusing strongly on correct interpretations (tactics) or guiding clinicians in how they intervene practically, as the analyst is free in this matter. 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 and full speech. 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.

Starting from this theoretical perspective, we aim to tackle the lacunae considering supervision from a Lacanian perspective: Offering consistent guiding principles, while mapping and interpreting the key features of Lacanian psychoanalytic supervision from a first-

person perspective, and questioning how Lacanian supervision is practiced on a day-to-day basis.

Methodology

Sample

We recruited Lacanian psychoanalytically oriented therapists supervised by a Lacanian psychoanalyst. 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. Most participants indicated having consulted supervisors from different Lacanian societies, based in Belgium and France. 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. Ten (of the eleven contacted) psychotherapists responded to this request. The current sample consists of 5 males and 5 females, ranging in age from 32 to 63 years and with 8 to 40 years of clinical experience.

Mathis (30, male) started supervision 8 years ago during his post-graduate training in an academic context where supervision was required. He visited a couple of supervisors but could not recall much about his experience with them. It was only after completing his training that he fully committed to the process of supervision, when he felt the urge to contact his current supervisor.

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. Fleur also functions as an external supervisor in a psychiatric ward.

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 (4 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. Maxim also started seeing trainees as a supervisor a few years ago.

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Amber (31, female) started supervision when she started a new job in a psychiatric ward. Feeling she had nobody to discuss her cases with, she contacted a supervisor. Before seeing a Lacanian supervisor, she had been consulting a behavioral 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 during her post-graduate training.

Niels (59, male) entered supervision 29 years ago and still sees a supervisor on a regular basis. He started supervision after having some questions about different analysants. For Niels, his analyst and his supervisor are one and the same person. Sessions are clearly split between analysis sessions and supervision sessions. Niels also functions as a supervisor.

Julie (37, female) started consulting a supervisor during her post-graduate training and continued supervision sporadically after getting her degree. 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. He also functions as a supervisor himself.

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 the reasons why they had started going into supervision, 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 analyzed 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 in-depth discussion between all authors as 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 uses to describe his or her personal experience and insight is central to this approach. Qualitative research is not about testing hypotheses, but about mapping an individual's personal experience of the world. As such, 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 analyzed 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.

For the analysis of the data, we followed the suggestions of Hill, Thompson, and Williams (1997) concerning Consensual Qualitative Research. They suggest relying on team members using unconstrained methods of coming to consensus through open dialogue. The process places a value on researchers working together collaboratively as a team to construct a shared understanding of the phenomenon. This process involves the open exploration of all ideas, a willingness to compromise, and an attentiveness to power dynamics so that each person's voice is heard and valued equally. As such, all authors individually studied each interview in detail, using anonymized audiotapes and transcripts. Our analysis focused on key themes of what is felt to be at stake in supervision. Subsequently, all authors met to discuss their interpretations for each interview, focusing on specific themes and subthemes that came to the fore. Based on this, following the steps of thematic analysis such as those described by Braun and Clarke (2006), the first author coded each interview, which was then discussed with the co-authors for accuracy, of which two were selected for their broader psychodynamic perspective.

The first author clustered themes and subthemes across the interviews. The themes were grouped 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, each of which revolves around a certain strategy the supervisors seemed to use. Through discussing cases, the supervisee learned to create a clear idea about key issues in the cases they discussed, with the supervisor focusing on the singularity of the case (theme 1). 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 the Lacanian supervisors don't respond from an expert position, don't teach, and don't prescribe actions. Conversely, they listen attentively, ask questions, and briefly formulate opinions, which stimulates the supervisee to elaborate a personal style and way of thinking about clinical work (theme 2). Participants indicated that Lacanian supervisors focus on the symbolic dimension of speech, and actively help supervisees not to get lost in the imaginary dimension (theme 3). Interestingly, we also observed that Lacanian supervisors only focus on the supervisee's clinical work, not the supervisee's own analysis (theme 4). Below we discuss each theme in detail.

Strategy (I): 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 by discussing this with a supervisor: "What I learned from my supervisor, although more on a theoretical level, is how to construct a case. I think, 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 what is going on in 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. It was very much trial and error. Discussing this and constructing the case allowed me to continue working with that woman." (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, once the train is on the track, to keep questioning where the train is 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, that has become less relevant. 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). Structural diagnosis is a steppingstone towards the specificity of a case: "Supervision is about recurring experiences, articulations. It's something like a crystallization of what happens again and again to find a certain orientation." (Maxim)

To find an orientation the structural dimension is important. Yet, this aspect of structural diagnosis might be a pitfall for the Lacanian oriented supervisor. Some seem to get stuck it. As Amber stated: "I started to think, isn't it always psychosis for him?" Others felt they could start to predict what the supervisor was going to say, making them look for another supervisor.

Participants indicated that good supervision goes beyond this structural dimension: "You should be focused on the singular. You have to be oriented on what happens for everyone in particular, case by case, so not general, like in the structural way" (Noah). To illustrate these singular aspects, important for the 'logic of the case', Joan talked about a woman with psychotic melancholia. Although this structural diagnostic category may provide a certain idea about how clinical work should be organized, the supervisor pointed out the interval between two subjective positions that prevailed in this case: being the "Uber rag" or the "Uber woman." The tension between these two signifiers had a function for this patient. She seemed to live in terms of that interval. Another example is given by Maxim, who discussed a case of a woman with overwhelming psychotic experiences. Although he asserted that having an idea about the clinical structure (psychosis) helped him to give shape to his interventions, to him, this was not

what was at stake in this specific case. The woman suffered from intrusions and asked Maxim what that was all about: “How do you call those intrusions? Do other people suffer from these intrusions?” It is a question that appears in the transference and which had appeared in the transference with several caretakers, some of whom responded with fear, others with an elaborated knowledge that reduced her to an object. 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 appears 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 about the dynamics of the case, 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 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. This served as a steppingstone towards the singular aspects of a given case.

Strategy (II): 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 and way of how to behave in his practice as a psychoanalyst.

Just like in therapy, positive transference is key to supervision. 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

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supervisor has to say and an assumption the supervisor knows what he's doing in his clinical work.” (Gilles)

When transference is present, 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, but also in the psychoanalytic society; for another it was the supervisor being joyfully enthusiastic about clinical work; yet for another it was the supervisor being clear when explaining things, or the supervisor 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, and a dimension of liveliness. 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, as was experienced by Lore: “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.’” As such, the supervisor doesn’t teach: “It’s not about coaching” (Gilles). Nor does she or 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 behavioral 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. But I thought, maybe I should invest a bit in the therapeutic bond with my patient before I start doing such interventions. It 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 intervening 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

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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, adequate responses:

“It’s a way of learning what to do with a patient specifically. It’s not like we can say: it’s someone with anxiety, I’ll do this or that and apply a certain manual. That doesn’t exist. You can read cases of course and you can learn a lot by doing so, reading theory ... it makes you a better clinician, yes, but, the person sitting in front of you, with his particular question, you still have to reinvent what to do, and that’s what supervision is about.” (Lore)

As such, the supervisees learned to intervene in their own way:

“In supervision, it’s about mastering a craft, not on the level of knowing, not in the approval of the other, but in the mastery of acting, a clinical knowing what to do (...) It helps me to refine my actions.” (Noah)

When supervisors started to act as masters, like by imposing ideas on structural diagnosis or by neglecting the hypotheses of their supervisee, this seemed to have adverse effects, making participants look for another supervisor.

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.

Strategy (III): 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

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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" ("stop trying to understand"). 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:

"When you think about 'gardez-vous-de-comprendre,' it's something you do, but after a while, after a year or so 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, 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 about what the patient was suffering from:

"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, the idea of the classical treatment. But that image isn'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:

“Is that something we do in analytic work?!” 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 about what psychoanalysis is, 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, and participants started to be able to predict what the supervisor was going to say, 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.

Strategy (IV): It is not analysis

Fourth, participants indicated that there was a difference between supervision and a personal analysis. Supervision “is about my client’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: “It’s not about me, it’s purely about the cases” (Gilles). 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)

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When a supervisee is asked to elaborate on his or her own case, this has negative effects: “It 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).

Combining supervision and analysis presents another pitfall, as illustrated by Noah: “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 supports the position that supervision and analysis should be separated. For another participant (Niels), the supervisor and the analyst were the same person, but there was a clear split between analytic session and supervision session, which, for Niels, seemed to avoid the aforementioned problems.

This split between supervision and analysis does not imply that Lacanian supervisors ignore the subjective position or the unconscious of the supervisee. They do point out subjective issues in the supervisee, but never focus on the further elaborations from the supervisees. Those should be taken up in analysis when the supervisee is ready to discuss this. As such, although supervision and analysis are clearly 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. 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” (Maxim).

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, each revolving around a certain strategy adopted by the supervisor. Supervision helped supervisees to construct a case, while enabling a shift from a structural clinic to the singularity of the case. Supervision focuses on what is strictly singular, unique, and irreproducible in the discourse of the analysant. Participants chose their supervisor because of their clinical expertise and a personal aspect which appealed to the participants. 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, avoiding the illusion of 'knowing-what-to-do'. Finally, supervision focuses on the case being discussed, not the supervisee's own case, indicating a clear split between their supervision and their own psychoanalysis, the latter being the place where personal items appearing in supervision can be discussed.

Using 'Direction of the Treatment' (1957/2006) 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. Underlying the four strategies discussed, there is the politics of the 'lack-of-being'. 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 already having heard everything makes us fall asleep (stops us from listening, making us understand too easily). The supervisor, in a certain way, 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.

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 the matter of transference, it seems crucial to be free to choose one’s own 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. Not having to think about evaluation, made sure they had a safe place to disclose thoughts and constructions about a case. However, this also implies that supervision from a Lacanian perspective is considered as a never-ending process, and that some supervisees still want guiding evaluations by their supervisor. Second, when looking for a supervisor, most analysts look for a colleague who is presumed to be more experienced and knowledgeable (Biagi-Chai 2015). Usually the demand for supervision is directed by transference and is addressed to an analyst who has made a name for herself. This was present for all participants (the senior analysts in this study still consulting supervisors senior to them), 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 had implications on which cases were discussed.

Mathis, for example, “presented cases of which he thought the supervisor would find interesting.”

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. We hypothesize this has something to do with the drive of the supervisees in question. When appointing supervisors or making supervisees choose from a list one neglects this dimension, making supervision less productive.

Concerning counterproductive effects, it appears that when the supervisor takes up the position of a master repeating the same old story, participants 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.

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, thought or 'blind spots'. Although most agreed personal stuff should be taken up in analysis, they consider it the task of the supervisor to point them out.

In their review of Lacanian supervision literature, Dulsster & 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 purpose of this stage is to avoid imaginary identifications with the supervisor. 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. As such, the supervisor focuses on the symbolic dimension of the pun. 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 1,000 different ways”, stressing the dimension of the voice and how this can be used in clinical practice. Beyond these three stages we would add a fourth, summarizing the three previous ones, namely

the stage of ‘knowing-how-to’. Through supervision, the supervisee does indeed learn to be present as a rhino, directed towards the dimension of the symbolic. However, our interviews suggest that Lacanian supervision nowadays also focuses on a dimension beyond the symbolic, making sure the supervisee acquires a personal style in handling clinical work, avoiding imaginary identification with the analyst of supervisor. This can be seen in Watkins’ (2019, p. 1) statement that psychoanalytic supervision “ideally becomes a place of learning liberation, where supervisees are freed to develop their own unique sense of therapist identity and supervisors serve as vitalizer, witnessing in the facilitation of their therapist development process.”

However important supervision is for clinical work, participants referred to other things that are equally important to practice: there is the analysis itself, but many participants also had an external supervisor in the psychiatric wards some of them were working in; there is also the experience of working with the analysants and the formative effects of this work, the importance of clinical presentation and case presentation, working in theoretical or clinical cartels, attending study days and conferences, challenging one’s ideas about psychoanalysis, reading cases, writing cases and theoretical elaborations. 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 analyzing 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 supervision 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. The setting must make explicit the difference between therapy and supervision. It is a problem when the supervisee (unconsciously) looks to the supervisor to act as a therapist, because the supervisor might start to compete with the supervisee’s own analyst. This clear distinction seems to be important, as it makes the supervision a safe place to discuss the matters at hand.

Concerning the limitations of the study, it must be emphasized that our results may have been influenced by the fact that all of the participants were very positive about (their) Lacanian supervision: we contacted 11 analysts, of which 10 responded very enthusiastically. Future studies in this domain may benefit from inquiring about less successful or unsuccessful

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supervision processes, or supervisions marked by a turning point, and comparing these data with the results from the present study.

A promising line of research would be to focus on platforms ‘beyond’ supervision. It would be interesting to examine if similar effects are affected through clinical and case presentations, study days, conferences, reading cases, writing cases, and the formative effects of the analysants on the analyst. Lastly, it would be interesting to see how all of this relates to other kinds of supervision. Are these aspects present and important in other psychoanalytic schools or even other forms of psychotherapy?

References

- André, S. (2014). Réflexions sur le contrôle. *Actes du Forum de l'École de la Cause Freudienne* (28 and 29 March 1981), 9–11.
- Aronowitsch, E. (2001). Evaluation and assessment in psychoanalytic supervision. In: Target M, Aronowitsch E, editors. *Psychoanalytic models of supervision: Issues and ideas*. EPF Working Party on Education 2000–03 and 2004–06, papers and reports compiled by G Junkers.
- Barnett, J.E. & Molzon, C.H. (2014). Clinical supervision of psychotherapy: Essential ethics issues for supervisors and supervisees. *Journal of Clinical Psychology*, 70, 1051–1061.
- Biagi-Chai, F. (2015). Contrôle ou éthique du bien dire. *Quarto* 110, 42–43.
- Bradshaw, T., Butterworth, A., Mairs, H. (2007). Does structured clinical supervision during psychosocial intervention education enhance outcome for mental health nurses and the service users they work with? *Journal of Psychiatric and Mental Health Nursing*, 14, 4–12. doi: 10.1111/j.1365-2850.2007.01021.x.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. <http://dx.doi.org/10.1191/1478088706qp063oa>
- Brousse, M.-H. (2015). Le contrôle sur mesure. *Quarto*, 110, 22–35.
- Cornelisse, P. (2009). *Taal is zeg maar echt mijn ding* [Let's just say language is really my kind of thing]. Contact. Amsterdam/Antwerpen.
- Corrie, S. & Lane, D.A. (2015). *CBT Supervision*. London: Sage.
- Clauzewitz, von; C. (2007). *On War*. Oxford University Press. New York.
- Dulsster, D., Vanheule, S. (2019). On Lacan and Supervision: A matter of super-audition. *British Journal of Psychotherapy*, 35/1, 54-70. doi: 10.1111/bjp.12423
- Ellis, M., Ladany, N., Kregel, M. & Schult, D. (1996). Clinical supervision research from 1981 to 1993: A methodological critique. *Journal of Counseling Psychology*, 43/1, 35–50.
- Falender, C.A., Shafranske, E.P. & Ofek, A. (2014). Competent clinical supervision: Emerging effective practices. *Counselling Psychology Quarterly*, 27/4, 393–408.
- Filet, B.; Szönyi, G. (2009). Do psychoanalytic competencies have specific features? Results of a pilot study. *International Journal of Psychotherapy*, 13, 21-33.
- Fleming, J. (1987). *The teaching and learning of psychoanalysis*. New York, NY: Guilford.
- Fleming, J., Benedek, T. (1966). *The Psychoanalytic Supervision*. New York, NY: Grune & Stratton.

- Fink, B. (2004). *Lacan to the Letter*. University of Minnesota Press. Minneapolis.
- Fleming, I. & Steen, L. (2004). Introduction. In: Fleming, I. & Steen, L. (eds), *Supervision and Clinical Psychology: Theory, Practice and Perspectives*, 1–14. New York: Brunner-Routledge.
- Forshaw, G., Sabin-Farrell, R., Schröder, T. (2019). Supervisors's experience of delivering individual clinical supervision to qualified therapists: a meta-ethnographic synthesis. *Mental Health Review Journal*, 24/1, 51-68. doi: 10.1108/MHRJ-09-2018-0028.
- Geerardyn, F. (2007). Over de Psychoanalytische techniek als uitgangspunt van het onderzoek van de creativiteit [On Psychoanalytic Technique as Starting Point for the Research on Creativity]. *Psychoanalytische Perspectieven* (25/2) [Psychoanalytic Perspectives], p. 179-194.
- Gorog, J.J. (1992). La pratique du controle dans l'Ecole. *Lettre Mensuelle de l'ECF*, 105, 24–6.
- Grinberg, L. (1997). On transference and countertransference and technique of supervision. In: Martindale, B., editor. *Supervision and its vicissitudes*. 1-24. London: Karnac.
- Hill, C., Thompson, B., Williams, E. (1997). A Guide to Conducting Consensual Qualitative Research. *The Counseling Psychologist*, 25, 571.
- Hook, D. (2018). *Six moments in Lacan*. Routledge. New York.
- Junkers, G.; Tuckett, D.; Zachrisson, A. (2008). To be or not to be a psychoanalyst: how do we know a candidate is ready to qualify? Difficulties and controversies in evaluating psychoanalytic competence. *Psychoanal Inq*, 28, 288-308.
- Kilminster, S.M. & Folly, B.C. (2000). Effective supervision in clinical practice settings: A literature review. Papers from the 9th Cambridge Conference. *Medical Education*, 34, 827–40.
- Lacan, J. (2006). The function and field of speech and language in psychoanalysis. In *Ecrits* (pp. 197–268). [English ed. translated by Bruce Fink (2002)]. New York, NY: Norton. (Original work published 1953)
- Lacan, J. (1988 [1954–55]). The seminar of Jacques Lacan, Book II: The ego in Freud's theory and technique of psychoanalysis. Cambridge: Cambridge UP.
- Lacan, J. (2006). Direction of the Treatment and the Principles of Its Power. In *Ecrits* (pp. 489-542). [English ed. translated by Bruce Fink (2002)]. New York, NY: Norton. (Original work published 1957)
- Lacan, J. (2006). On a Question prior to any possible Treatment of Psychosis. In *Ecrits* (pp.

- 445-88). [English ed. translated by Bruce Fink (2002)]. New York, NY: Norton. (Original work published 1959)
- Lichtenberg, J.W. (2007). What makes for effective supervision? In search of clinical outcomes. *Professional Psychology: Research and Practice*, 38, 27-8. doi: 10.1037/0735-7028.38.3.268.
- Malterud, K. (2001). Qualitative research: Standards, challenges, and guidelines. *Lancet*, 358, 483–488. [http://dx.doi.org/10.1016/S0140-6736\(01\)05627-6](http://dx.doi.org/10.1016/S0140-6736(01)05627-6)
- Meganck R.; Inslegers, R. (2019). The direction of treatment and the principles of its power. *Reading Lacan's Ecrits: From 'The Freudian Thing' to 'Remarks on Daniel Lagache'*. Hook, D., Neill, C., Vanheule, S. (Ed.). Routledge. New York. 206-254
- Moncayo, R. (2006). Lacanian perspectives on psychoanalytic supervision. *Psychoanalytic Psychology*, 23, 527–541.
- Monribot, P. (2014). La direction de la cure et les principes de son pouvoir: une lecture. Intervention at the clinical section of Bordeaux on the 8th of November. Downloaded from: <https://www.lacan-universite.fr/wp-content/uploads/2015/09/MONRIBOT.pdf>
- Nobus, D. (2000). *Jacques Lacan and the Freudian Practice of Psychoanalysis*. Routledge. London.
- Ogden, T.H. (2005). On psychoanalytic supervision. *International Journal of Psychoanalysis*, 86, 1265–1280.
- Pope, C., Ziebland, S., & Mays, N. (2000). Qualitative research in health care. Analysing qualitative data. *British Medical Journal*, 320, 114 –116. <http://dx.doi.org/10.1136/bmj.320.7227.114>
- Rainbow Report (1955). Report of the Survey Steering Committee to the Board on Professional Standards. New York: American Psychoanalytic Association.
- Rubinstein, E. (2007). Talking about supervision. In: *Psychoanalytic Ideas and Applications*. London: International Psychoanalytic Association.
- Roth, A. & Fonagy, P. (1996). *What Works for Whom? A Critical Review of Psychotherapy Research*. London: Routledge.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory Method and Research*. London, UK: Sage.
- Tuckett, D. (2005). Does anything go? Towards a framework for a more transparent assessment of psychoanalytic competence. *Int J. Psychoanal*, 86, 31-49.
- Wallerstein, R. S. (1997). Foreword In: Martindale, B. Mörner, B., Rodrigues, M.E.C., Vidit J-P, editors. *Supervision and its vicissitudes*, 1-18. London: Karnac Books.

5. Lacanian Supervision Considered Closely

- Watkins, C.E. Jr (2011). Does psychotherapy supervision contribute to patient outcomes? Considering thirty years of research. *The Clinical Supervisor*, 30/2, 235-56. doi: 10.1080/07325223.
- Watkins, C.E. Jr (2019). Convergence, commonality, and context in psychoanalytic supervision. *The Scandinavian Psychoanalytic Review*. doi: 10.1080/01062301.2019.1623532.
- Willemsen, J., Inslegers, R., Meganck, R., Geerardyn, F., Desmet, M., Vanheule, S. (2015). A metasynthesis of published case studies through Lacan's L-schema: Transference in Perversion. *Int J Psychoanal*, 96, 773-795. doi: 10.1111/1745-8315.12179.
- Zachrisson, A. (2011). Dynamics of psychoanalytic supervision: A heuristic model. *Int J Psychoanal*, 92, 943-961. doi: 10.1111/j.1745-8315.2011.00417.x
- Zaslavsky, J., Nunes, M. & Eizirik, C. (2005). Approaching countertransference in psychoanalytic supervision: A qualitative investigation. *International Journal of Psychoanalysis*, 86, 1099–132.

6

GENERAL DISCUSSION AND CONCLUSIONS

In this chapter we provide an overview of the overarching themes that run through the different chapters of this dissertation. We first present an integration and discussion of our interview studies with the ex-analysants and the analysts. Next, we focus on supervision and the formation of the analyst. Finally, we present a discussion of the most important signifier in this study: Surprise!

The Lacanian-Oriented Talking Cure

Meta-analytic studies regarding the effectiveness of psychoanalytic therapy show promising results (de Maat et al., 2013; Gaskin, 2014; Leichsenring & Rabung, 2011; Shedler, 2010). However, effectiveness research does not address many crucial elements concerning what exactly happens in the process of psychotherapy (Seligman, 1995; Westen, Novotny & Thompson-Brenner, 2004). As such, however important these positive results are, they do not inform us about the factors and variables underlying these results (Garfield, 1990).

As a consequence, it seems we hardly know anything about how therapeutic change is achieved. Discussions and theories about why psychotherapy changes people are plentiful, but supportive evidence is quite rare, and it seems the requisite research to address this question is rarely done (Kazdin, 2007, 2009). This is also true for the process of psychoanalytic therapy and even more true for psychoanalytic therapy oriented from a Lacanian perspective. Since this orientation inspires clinical therapeutic work across the globe, reaching more and more clinicians, it seems important to systematically study its process. For that reason, this dissertation focused on the process of Lacanian-oriented psychoanalytic therapy.

Although process research is important, psychotherapy from a Lacanian orientation seems to be absent in most overview studies on psychoanalytic therapy (de Maat et al., 2013; Gaskin, 2014, Leichsenring & Rabung, 2011; Seligman, 1995; Shedler, 2010; Westen, Novotny & Thompson-Brenner, 2004). We presume this has to do with the radical opposition between the different psychoanalytic schools concerning the matter of transference and the absence of dialogue between these perspectives. Gabbard (2004), for instance, states that the basic principle of psychoanalytic therapy concerns the patient's transference to the therapist, which is a primary source of understanding the patient's character and pathology; the therapist's countertransference provides valuable information about what the patient induces in others and the patient's resistance to the therapy process is a major focus of the therapy. Likewise, Weinshel (1984, p. 69) states that: "The resistance, together with its successful negotiation by the analyst (most often by interpretation), is the clinical unit of the psychoanalytic process." Although from a Lacanian perspective we would agree that speech in psychoanalysis cannot be distinguished from transference, it will not be a mere process of two comparable agencies (sender and receiver) exchanging information, but an interaction between two (or more) individuals and a third position. A Lacanian psychoanalyst will hardly ever discuss the matters of transference but rather position herself in the transference to provoke further speech from the analysant. In that way this perspective seems to oppose itself to what other process studies define as the core of psychoanalysis. As such, systematic process studies concerning Lacanian

psychoanalytic therapy process are scarce to non-existent and further systematic research is required.

Additionally, for (Lacanian) psychoanalysis to remain a discipline that evokes new knowledge, and that thereby maintains a place, a usefulness, and a relevance, within the entire array of sciences of human behavior, the placement and development of formal and systematic research on psychoanalytic therapy is necessary (Shedler, 2010). If not, it runs the risk of becoming ignored. Shedler (2010) refers to the dismissive stance of American psychoanalysis towards research, which did not win friends in academic circles. It had the effect of becoming overlooked as a relevant discipline. We agree with Kernberg (2011) that psychoanalysis needs the university. Kernberg (2011) believes that in the long run, failure to establish this alliance will constitute a severe threat to the future of the psychoanalytic profession and science. As such, this dissertation is a humble attempt to start closing the gap between Lacanian psychoanalysis and academic research, offering an in-depth study of the Lacanian psychoanalytic process.

Considering all of the above, this dissertation started from the question of what the essential, irreducible cores of the Lacanian psychoanalytic process are and questions the Lacanian conceptual models which explain the processes responsible for therapeutic change. We addressed these issues in our first two chapters, interviewing ex-analysants and their analysts about the therapeutic journey. We aimed to map and interpret the factors that stand out as relevant to personal change in a naturalistic Lacanian-oriented psychoanalytic therapy from a first-person perspective. We applied a thematic analysis to gain insight into what they believed effectuated change. Additionally, as supervision seemed to be important for the analysts in the process of change acquired in the directed treatment, we further focused on supervision and how this helped them in working with their patients.

Reflections on Methodology

In chapter one, we referenced Kazdin's (2007) statement that one of the promising ways to systematically study the psychoanalytic process is through (consensual) qualitative research. Qualitative research is an approach to the subject matter of human experience and focuses on narrative accounts, descriptions, interpretation, context, and meaning.

The methodology of qualitative research, more specifically thematic analysis, seemed to be a very productive method to get a grip on what was going on in the therapeutic process, both for the ex-analysants (chapter two) and the analyst (chapter three), while also being valuable for seeing what was at stake in the process of supervision (chapter five). Thematic

analysis offers a way to systematically study interviews and offers an in-depth perspective on the topic at hand. This method 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 way participants describe their personal experience and insight is central to this approach and as such, there is a strong focus on the speech of the participants. Therefore, this is a method that suits research from a psychoanalytic perspective very well. Additionally, concurring with the principles of consensual qualitative research, we introduced Lacan's innovative notion of the cartel. In a cartel, four/five people choose each other and gather around a text or theme they want to study in order to confront one's own interpretation of a text with that of others. This seemed to be very fruitful. The transcripts were discussed in small groups, providing valuable ideas and insights into the material. Each entered with his or her own bit of knowledge and could offer elaborations and critique on what was discussed. In a later stage, the thematic analysis was presented again to further refine the themes. This made sure the result was a group effort, questioned by all the cartel members.

Throughout the years, having talked to different PhD students from different research fields, it struck us how many of them worked isolated, having almost nobody to discuss their research with (just maybe their advisor or present results at conferences). Others just worked on their own, avoiding all critique, only accepting some comments after their research got published. Concerning publications, peer review is important, but rarely provokes discussion. Working in a cartel counters this solitary work, instigates dialogue, while also questioning one's thoughts or work and helping one to get a grip on complex theory. We advocate for broadly implementing this method in academic research, as it offers an opportunity to break the silence and take the floor, while also offering a way to meet new people who share similar interests. At the end, when all is said and done, one has to produce an individual product which can ultimately take the form of a written article and which contributes to the production of knowledge – but marked by everybody in the cartel.

From the Lacanian-Oriented Talking Cure to the Analytic Experience

In our second chapter, we interpreted the data of ex-analysants within the context of Lacan's seminal text 'The Function and Field of Speech and Language in Psychoanalysis' (Lacan, 1966 [1953]). We first discussed the principal ideas concerning the analytic treatment presented in this text. Lacan puts forward that psychoanalysis starts from the patient's speech and makes people the subject of their own speech. Whereas the ego tends to misrecognize the details of our own speech, the practice of Lacanian psychoanalysis makes people examine their

own words and accept that what they say reveals important information as to who they are as a subject. As such, the analyst focusses on and supports 'full speech'. The analyst is not concerned with the supposed reality of her patient, but with the subjective truth that is articulated through discontinuities in speech, symptoms, and so-called productions of the unconscious like dreams or slips of the tongue. This speech cannot be distinguished from transference. Lacan focusses not merely on interpersonal dynamics, but on the observation that, qua sender of speech, the analysant receives his or her own message back from the receiver in an inverted form. By wondering how the psychoanalyst might interpret the words one is articulating, the analysant starts to consider his own words in a different way, wondering exactly which message he is conveying. As such, the analysants indicated they met somebody who really listened to what they said and learned about themselves by hearing their own speech. The latter eventually reveals that the ego does not have total control over what is being said, which actualizes the dimension of the subject. This will confront the analysant with questions of desire: they began to see themselves in a new light and as such they wondered what they really wanted. Full speech makes clear that desire cannot be reduced to the control of the ego, and that aspects of the subject that have hitherto been denied should be acknowledged. Such acknowledgment did take shape by hearing oneself speak 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 to accept subjective truths that have been neglected thus far, and to act.

The data of the psychoanalysts was interpreted using Lacan's discourse theory, elaborated in his seventeenth seminar: 'The Other Side of Psychoanalysis' (Lacan, 1991 [1969-1970]). This theory proved to be helpful for interpreting how Lacanian psychoanalysts elaborated on the analytic process. The analyst, incarnating the object *a*, that which cannot be named, asks for free association and invites the patient to try and grasp something of this unsaid. Identifying herself within the dimension of the unarticulated, thus acting as an object, she will evoke desire, aiming at eliciting a hysterically structured discourse. Participants indicated that their patients entered therapy with an insistent question related to their own functioning, meaning that in all cases a hysterically structured discourse was immediately present. This was further foregrounded by the analysts, creating subjective division and further elaboration of narratives, forcing a shift towards self-directed epistemic questions.

In the analytic discourse, knowledge is situated at the place of the truth, which has to remain hidden. The effect of the analytic discourse is that the subject will produce the master signifiers, S_1 's, that marked his life. In analysis one stumbles onto the signifiers that determined us as a subject. The discourse of the analyst provokes this, because it puts the receivers of its

message in the position of assuming and enacting the divided subject, instead of being reduced to an object, like in the other discourses. The master signifiers are produced by the subject through the process of free association rather than imposed from the outside. By articulating such master signifiers, the patient will formulate ideas and insights about who he is and what he is marked by. As such, the analysts supported transference, creating a laboratory of possibilities by incarnating the element of what remained unsaid. The analysts focused on the speech of their patients, on links and repetitions that appeared through speech, supporting this speech and engaging in active reflection. As the analysts didn't impose their own ideas, this created a space for the patients to critically listen to what they actually said and reflect on motives that could have been influencing their words and actions. Beyond the symptoms or presented problems, the psychoanalysts focused on the subjective logic of patients' functioning. More precisely, they focused on the specific way patients dealt with challenges in the subject-other relationship, where Lacanian structural diagnoses served as a starting point for person-centered case construction. The response of the analyst to the production of master signifiers by the patient will not involve any explicit interpretation at all in terms of established knowledge. It may consist simply in silence, or in punctuating particular points in the patient's speech, which again evoke the patient to produce signifiers. The analyst sets the patient to work and stimulates him to speak freely. The product of that labor is a new master signifier, giving the patient new options in life. The production of master signifiers was key for our participants, allowing patients to 'step away' or 'let go' of the repetitive impact such signifiers have on their life. While starting from the analytic discourse, the analyst also shifted to other discourses to incite further elaboration, intervening with surprising comments. As such, there seemed to be a willingness for surprise at play, not only for the patients, but also for the analysts.

Taking the results of chapter two and three into account, we find great similarity between the narratives of the ex-analysants and the analysts. The patients indicated that, to their surprise, the therapy did not focus strongly on the crisis that they arrived with, but installed a praxis of free speech, which made them pay detailed attention to the nature of their speech. The analyst, from her side, positioning herself in the analytic discourse, focused on the speech of her patients, supporting this speech and engaging in active reflection, focusing on links and repetitions which appeared through speech. With their listening style, the analysts stimulated this process. Considering the position of the analyst, Lacan stressed that the role of the analyst is to facilitate full speech. All participants stressed that they were surprised by the detailed attentiveness and relative silence of the analyst, which helped them listen to their own speech in different ways.

The psychoanalysts were not focused on ‘curing’ the analysants from the crisis or the problems they presented. This was most clearly illustrated by Anna, who suffered from chronic alcohol abuse. She indicated that her analyst never seemed to have given any attention to it. The psychoanalysts did not respond to the presented problems from an expert position. They presented themselves as an object, incarnating that which is left unsaid, inviting free associations, letting the patients produce master signifiers. This makes us consider the remark that we should not consider it to be an “analytic cure”, but rather an “analytic experience” (Miller, 2011). Instead of focusing on the presented problems, the analyst focused on speech, making participants listen to their own speech differently, thus paying attention to peculiarities and contradictory material. As such, the analysts do not have a certain expertise concerning specific diagnosis (alcohol abuse, depression, anxiety, etc.); their expertise lies in listening to the speech of the patients. All participants said that they felt they had met someone who listened (differently) to what they said and did not reciprocate communication. This made them reconsider what they had been saying and revealed elements of subjective truth, allowing them to see themselves in a new light. The principal role of the psychoanalyst consisted of validating signifiers and ideas that were unexpected, or troublesome from the perspective of the analysant’s ego. This way, aspects of desire that were first denied could be recognized and accepted as belonging to oneself. For the participants, the focus was on the surprising impact of the language they used and on repetitive patterns of speech, which made them question themselves. Hearing their own speech confronted them with choices and helped them reconsider their positions. In this context, participants underscored that it was they who did the work.

Thinking about the beginning of the treatment, an important finding was that participating psychoanalysts indicated that their patients entered analysis not with a complaint about some other person or about the world, but already with a specific question about their symptoms, wondering what was going on and how they were implied in their symptoms. This concurred with the shift from the symptom-related suffering towards a self-directed epistemic question, which illustrated the hysterisation of discourse. Second, the conclusion that ‘patients experienced a surprising reframing’ seems to be another important shift which occurs, and this could be further specified as the analysts not focusing on the presented symptoms, but on the subject-other relationship. The psychoanalysts focused on the subjective logic of patients’ functioning, the specific way patients dealt with challenges in the subject-other relationship. By addressing recurring themes and latent issues, patients found a way to break free from recurring patterns, allowing them to make new choices in life.

Considering the end of the treatment, none of the participants considered their therapy complete, but all believed that therapy was enriching and had provoked change. Although all participants decided to stop the process, they seemed satisfied with their therapeutic gains, indicating that they would continue ‘working’ on certain themes. Different reasons were given for stopping therapy: money, time, dependency, etc. A common denominator is that they quit analysis at a point where symptoms and complaints had improved markedly. We interpret this as pointing to the importance of suffering as a driving force in transference and the analytic work. As Zenoni (2003) points out, the entry into analysis necessitates suffering as well as a desire to know. Although it could be argued that, for some, ending the treatment could be considered as a point of resistance (e.g. ‘I don’t want to talk about my wife’), or that the analyst as a problem in the transference (e.g. ‘Does he do it for the money?’) was an issue that was not tackled in treatment, patients seemed satisfied with the results obtained, and the urge to continue diminished. Nevertheless, all of the participants entertain the idea of possibly going back to the analyst in the future.

Bearing in mind the position of the analyst in the position of the object *a*, patients stated it was the silence which made them speak and made them more attentive to the words of the analyst. As such, we could concur with Pluth and Zeiher (2019) that, although Lacan is silent on silence, silence could in fact be a major Lacanian concept. They refer to Reik saying “Silence on the part of the analyst possesses a force that pulls the patient along, makes him progress, and draws him towards greater depths than those he had envisioned” (Reik, in Pluth & Zeiher, 2019, p. 26). Silence indeed seems to play an important role in creating the very conditions in which the analytic process can take place. This was most clearly illustrated by Hans in chapter two: *“I enter and he sits down and says: ‘Yes?’ (silence) that’s it, that was his opening phrase. ‘Yes’ (silence) and then there you are . . . you just want to fill in the silence and start to speak.”* Pluth and Zeiher (2019) argue that whether the analyst actually remains silent or not, there are profound reasons why she is encouraged to practice silences: the patient is the expert about his own unconscious. We see this appearing in the statements of the patients saying: ‘they learnt about themselves by hearing their own speech’. They experienced the silence of the analyst as a choice, an action, as a way of creating a space for them to critically listen to what they actually said and reflect on motives that could have been influencing their words and actions. The matter of silence will also be important in the matter of supervision.

The Singularities of the Interviews

Although thematic analysis was a very productive method for getting a grip on the process at stake in therapy, some very important aspects of the interviews can initially get ‘lost-in-transmission’, and then ‘lost-in-method.’ This can be illustrated with Lesage’s schema (1997, p. 140), when she states that when a psychoanalyst constructs a case, or an analysant gives a testimony about his or her treatment, there is always something that cannot be transmitted; something remains unsaid.

Case	→	Transmission
Cure	//	Remainder

(Figure 6: Lost-in-Transmission)

As a participant constructs the case of the treatment, trying to transmit this to the interviewer, the effect will always be something which remains, which is not fully transmitted. This can provoke further elaboration, but no matter how hard the participant tries, the remainder is structural. Next, although our qualitative research gave us a more in-depth understanding of the Lacanian psychoanalytic process than any quantitative measures could, it would be hard to argue our results grasped the singularity of the cases. The question of change and how this occurred in each given treatment would deserve a paper of its own: what was striking in the case of Lucy was the matter of (positive and negative) transference and her relation to the ‘desire of the analyst’ (‘does he do it for the money or because of me?’), a matter that was unresolved for her. The case of Emmy brings the question of the functionality of the symptom to the fore, where the treatment ended with the idea of using her symptom as an indicator when things get ‘too much’ and that she has to slow down in life. Daniel illustrated how his analysis subverted his idea of what exactly the idea of ‘personality’ is and how this loses all coherence, while also indicating that throughout his entire analysis, he avoided talking about one certain theme (his wife). Elisabeth illustrated the effect of a master signifier and how this can be rewritten. The signifier ‘melancholia’ got an entirely new meaning, no longer being a ‘warm blanket’ but something that could be really destructive. It gave her the option to ‘go along with it’ or ‘step away from it’, gave her a choice of what to do. The case of Hans illustrated the inertia or fixity of the symptom in relation to the analyst, more specifically the problem of the gaze that made things both possible and impossible at the same time. Our interviews illustrate that every individual case qualifies not only as a rare phenomenon but as a unique one, from which we can learn specific things considering the process of psychotherapy, insights that are

impossible to detect when limiting research to quantitative measures. This illustrates the importance of single case studies to learning more about the processes of change and how this occurs. Case studies allow us to get insight into problems or processes of the treatment that are so infrequent they simply cannot appear in group research. As such, we strongly agree with Hoffman's (2009) statement that case studies create viable scientific, psychological knowledge, which is not inferior to experimental, group-based knowledge.

One Case Was Not Like the Others

Although each case is a singular story that is worthy to discuss, one case was not like the others. While each participant indicated they could have continued treatment, further elaborating on this and working things through, Anna stated that she would consult the analyst again because they had interesting conversations and it was good having someone to talk to, no longer having need for 'therapy.' For Anna, something radically changed. Although she consulted the analyst with a severe problem of alcohol abuse, the crux of the analysis concerned a completely different matter. The defining moment was when she "felt that her hand was shrinking." She panicked, but the analyst did not respond. She began to cry uncontrollably. The analyst simply ended the session, shook her hand and emphasized that they would see each other again the next week. The fact that the analyst did not respond to this 'hallucination' was a turning point for her. It confronted her with the fact that others always responded with compassion, were worried, and she wondered if all of her problems were legitimate. She felt she was always fooling the other. For Anna, the analyst's reaction was "a dry way of doing things, without being patronizing. Still getting a firm handshake, that you feel that there is a human element, that you don't feel like you're sitting in front of a robot." The feeling of cheating and manipulating everyone was broken: "It is not because your hand is getting smaller, it is not because your mom did this or your dad did that or whatever, that you should always be treated differently by other people." The idea of 'cheating' concerned the matter of social class. Her father was an intelligent man who was against the establishment. The fact that they were extremely poor was never a problem, until she found that you could buy fun things with money and that she could give her own children a better life. Even though her father had been dead for a long time, she always heard his voice in the back of her mind: "and those bourgeois, those bastards!" She had a hard time with the fact that, despite coming from a marginal environment, she was doing well. Because of the therapy she was able to get rid of her father's disapproval. She has consciously been able to choose a different life. One of her fantasies was that she "was successful, working in Silicon Valley, with a coffee in her hand." For her, therapy was the

binder between processing the past and the idea that it was ok to make money. Unlike her environment, the analyst gave her the idea that it was okay to make a career. "The moment of not patronizing me and saying that those matters, my grief, the way in which I suffer from the past, that it was justified, had a major impact." It has allowed her to distance herself from her father and her mother, and she now feels part of society. By telling her story in therapy, she got her own piece of story, her own life and her own future. The sincere, non-empathetic attention of the analyst made it clear to her that the things in her life were really profound and that she did not have to use that to make herself interesting, nor that she should be afraid of a relapse. She realized that she should not choose to perpetuate the relapse. She had seen this with her parents. Her mother usually did well, but every so often she suddenly started drinking and completely stopped functioning. Anna said she had the feeling that the pressing reason to talk in analysis had "bubbled out", just like a glass of club soda that no longer has bubbles. And indeed, Anna's problematic alcohol abuse bubbled out, ending in the idea of standing in Silicon Valley, drinking a coffee.

The importance of Anna's story is the fact that a shift in transference occurred, something which seemed absent with our other participants. As Anna's therapy concerned the longest period of therapy in our sample, it would be interesting to delve into the matter and systematically study the dynamic of transference.

Lacanian-Oriented Supervision

Our results in chapter two indicated that free speech, accurate listening, and solid handling of the transference are crucial. The ex-analysants indicated the importance of their analyst in helping them to unfold their speech, attentively listening to what they, as analysants, said. As such, we suggested prioritizing this in training programs and clinical supervision. Psychoanalytic training should focus on these competences in particular. Additionally, in chapter three, the psychoanalysts stressed the importance of their supervision, helping them to construct the case, orient the treatment, or avoid certain pitfalls. Both indications stressed the importance of the formation of the psychoanalyst, which made us look into Lacanian-oriented supervision.

As Lacan never formalized or institutionalized the practice of supervision, nor formulated a systematic theory about it, we first developed supervision from a Lacanian perspective on a theoretical level. This was the focus of chapter four. We discussed two major references to supervision in Lacan's work: 'The Function and Field of Speech and Language in Psychoanalysis' (Lacan, 2006 [1953]) and Seminar XXIII (Lacan, 2005 [1975-1976]). In

chapter five, we used “The Direction of the Treatment and the Principles of its Power” (Lacan, 2006 [1957]) and Lacan’s elaboration of the tactics, strategy, and politics of the treatment to interpret our thematic analysis of interview data regarding analysts discussing their supervisory process.

We now briefly summarize these chapters and results and present an integration between both perspectives.

Theoretical Perspectives on Supervision

Having already discerned the key notions presented in ‘Function and Field’, we would summarize that Lacan stresses that the role of the supervisor is to facilitate full speech, offering a ‘second hearing’, a ‘super-audition’, or a third point in the relation between analyst and the analysant. Along this way, the supervisee will learn to listen differently, focusing on the unconscious symbolic logic in the analysant’s speech.

This closely resembles how we conceptualized supervision from the perspective of ‘Direction of the Treatment’. Lacanian supervision doesn’t concern itself with the matter of tactics or interpretation. 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. Last, there is the politics of the ‘lack-of-being’. The analyst will keep open the lack in the Other, making sure the otherness of the Other, the singularity of the analysant, can appear.

Moving to Lacan’s later teachings, we discussed his novel concept of ‘Llanguage’ and considered supervision as a matter of making the analyst more sensitive to the interrelation between language and jouissance. These ideas comprised two so-called stages that Lacan discerned in the process of supervision: the ‘stage of the rhino’ and the ‘stage of the pun.’ In the first stage, that of the rhino, supervisees are encouraged to follow their own movement or inspiration. The purpose of this stage is to avoid imaginary identifications with the supervisor. The second concerns the stage of the pun, consisting of playing on the equivocations and double meanings in language. For Lacan, this second stage of supervision challenges the surprising jouissance that resonates in the analysant’s utterings, which cannot be explained rationally. We also discerned a third stage, regarding the presence of the analyst and how she gives ‘flesh and bones’ to the sessions. The analyst has to incarnate the dimension of the object *a*. The body of the analyst is not just a body that sits on a chair all day, it is a body that is part of the analytic discourse; it is an instrument, it incarnates a presence, a being-there. Supervision should open up this possibility.

Lastly, we discussed certain pitfalls for the supervisee, which the supervisor has to counter: The consistency of the imaginary, the delusion of the symbolic, and the body as real. The supervisor has to go against the imaginary tendency to neglect unconscious truth, disrupting the elaborations of the supervisee's ego, which thinks it 'knows'. The supervisor prevents the supervisee from getting stuck in fixed ideas or in his own presumed knowledge, focusing instead on the 'beware of understanding'. At this point, it is a matter of hearing the ever-surprising symbolic dimension of speech beyond what we presume to know already. Next, supervision goes against the 'delusion of the symbolic', that is, the idea that speech is all about meaning. It makes the analyst see that language is a structure imposed on 'Llanguage' to create meaning. The supervisor indicates that the focus of analysis should not solely be on the dimension of repressed desire arising in the reference between signifiers, but also on the embodied side of speech. Third, there is the dimension of the body as real. The attempt to incarnate the dimension of the drive for a specific analysant, as indicated in the third stage of supervision, can be a genuine problem for the analyst. Next, the speech of the analysant can create anxiety, pain, and despair for the analyst; she enjoys or is affected by shame or worries concerning her interventions or position, creating an inhibition, rendering her a dead body. The analyst should be present in the analytic work, but her actions should be emptied of private jouissance.

Supervision on a Day-to-day Basis

Having discussed these theoretical perspectives on supervision, we wondered how they translated into the day-to-day practice of a Lacanian-oriented supervision. This was the focus of our fifth chapter. As such, we interviewed analysts about their supervision. Using a thematic analysis, we discerned four themes, each revolving around a certain strategy adopted by the supervisor.

Supervision helped supervisees to construct a case, while enabling a shift from a structural clinic (neurosis, psychosis, perversion) to the singularity of the case, focusing on what is strictly singular, unique, and irreproducible in the discourse of the analysant. As such, the focus is on the case being discussed, not the supervisee's own case. As such, this opposes our statement in chapter four saying supervision from a Lacanian perspective is not patient centered. Although the focus of technique did not appear in the interviews, the element of diagnosis and the singularity of the case were key.

This also indicated a clear split between their supervision and their own psychoanalysis, the latter being the place where personal items appearing in supervision can be discussed. Participants chose their supervisor because of their clinical expertise and a personal aspect which appealed to the participants. 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, while avoiding the illusion of ‘knowing what to do.’

The Tactics of the Rhino

As already briefly discussed in chapter five, we find coherence between the stages discussed in our theoretical paper on ‘Function and Field’ and Seminar XXIII, the concepts of tactics, strategy, and politics, and our interview study.

As the supervisor doesn’t focus on interpretations, he lets the rhino have his way. As rhinos, supervisees are encouraged to follow their own movement or inspiration. The purpose of this stage is to avoid Imaginary identifications with the supervisor. The important part is that the analyst is free in her tactics, how she interprets this symbolic dimension, as long as she positions herself in the symbolic dimension of transference. A supervisor cannot formulate what an intervention should be, nor does he know the effect of the intervention. He should not position himself as an expert. This clearly appeared in the interviews. The supervisor helps the supervisee to ‘ignore what she knows.’ In a certain way, the supervisor supports the supervisee in being silent and listening, moving speech away from its imaginary dimension towards the symbolic one (the pun). The importance Lacan attended to silence is beautifully illustrated in ‘Les impromptus de Lacan’ (Allouch, 2009, pp. 139): When a supervisee complained: “But Monsieur (Lacan), this young man comes to me three or four times per week, tells me his stories to no end, pays me and goes. What is it that I have to give him in exchange?” Lacan answered: “Your silence!”

The supervisor should help the analyst to create a space where the patient can freely explore unexpected elements that come to the fore in speech about symptoms, dreams, etc., thus revealing himself as a desiring subject. As such, the supervisees clearly indicated that their supervisor countered the consistency of the imaginary.

Now, 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 analysts, some even being in supervision for thirty years, none of them seemed to suggest that the supervisory process was finished.

The Strategy of the Pun

Considering the stage of the pun, the focus is on the symbolic dimension of speech, focusing on hearing in another way. This is why Lacan prefers ‘super-audition.’ Now, there is an important discrepancy between the two theoretical models discussed (that of ‘Direction of the Treatment’ and the presented stages in Seminar XXIII), which concerns the matter of ‘Llanguage’, which had not appeared in Lacan’s early teachings. We stressed that hearing people speak often makes (Lacanian) psychoanalysts focus solely on the dimension of unconscious truth. This results in an exploration of subjective division, but might make the analyst get stuck at the level of the symbolic, which can have an arresting effect: the analyst gets caught in ‘the delusion of the symbolic.’ The supervisors did help the supervisees to focus on the symbolic dimension of speech. However, the surprising *jouissance* that resonates in the analysant’s utterings did not come to the fore in our interviews. The supervisors did, however, focus on the singularities given in each case. As such, we hypothesize this dimension of *jouissance* comes to the fore indirectly, given that, from a Lacanian perspective, this is exactly the most singular aspect of any given case. It is nonetheless something which deserves a further looking into.

The Politics of the Real

Although the dimension of *jouissance* seemed rather absent in our interview study with the supervisees (chapter five), the stage of ‘the presence of the analyst’, next to ‘the body as real’ seemed to be the main focus of one interview (besides Niels stating his supervisor told him “to learn to say things in 1,000 different ways”, stressing the dimension of the voice and how this can be used in clinical practice).

Mathis kept repeating how supervision (and also analysis) made him “more lively” in his clinical practice, discussing how he “dared to do more”, not only being “more present” in receiving the stories of his patients, but also, in a certain case, how he learned to cut the sessions. This was best illustrated when he elaborated on a case, even in the interview wondering about the *jouissance* of the patient and how to intervene. He discussed a patient who always entered the sessions “out of breath”, although always being ten minutes too early. Even when the patient arrived on time, having been in the waiting room, he enters the session out of breath. For Mathis it was clear this was something to intervene on, because it was something singular about the way of being of this patient. Another aspect was the matter of the gaze, wondering how to look, how not to look, how to respond to those breathings. For him, what was at stake was clearly

beyond the matter of language, indicating in the interview “it’s no longer about giving meaning.” For us, this resonates with the third, hidden stage: Incarnating the objectal dimension.

Analysis and Supervision

In chapter five, our participants clearly stressed the importance of a split between supervision and analysis. The supervisor makes sure the focus is on the case being discussed and not on the subjective issues of the supervisee. This distinction between supervision and analysis does not imply that Lacanian supervisors ignore the subjective position or the unconscious of the supervisee. They do point out subjective issues in the supervisee (and this is expected by the supervisee), but they never focus on the further elaborations from the supervisees. Those should be taken up in analysis when the supervisee is ready to discuss them. The supervisor must limit himself to pinpointing certain aspects. As such, the supervisees experienced their supervision as a safe place to clinically reflect on the case discussed. When a supervisee is asked to elaborate on his or her own case, this seems to have negative effects, making it less safe to discuss cases.

Now, not only is the ‘personality’ of the supervisee kept out of supervision, it also is kept out of the treatments they conducted. As indicated in chapter two, none of ex-analysts talked about the analysis of transference. This bears witness to a fundamental difference in how Lacanian analysts manage transference, as was stated in chapter one as a crucial distinction with other psychoanalytic orientations. It was clear that for the analysts, their own personal values and feelings, which, in the master discourse, reduce the patients to objects of the master’s knowledge, were kept hidden. Even though the analyst’s contributions stimulated the alliance and engagement to the work of analysis, the analyst was characterized most of all by lack.

The Formation of the Analyst

Bearing in mind the ‘formation of the analyst’, different findings of our studies have to be considered when thinking about clinical training.

First, concerning supervision, it seems crucial to be free to choose one’s own supervisor. 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 evaluative aspect of supervision seems generally absent in Lacanian institutes. Not having to think about evaluation made sure

supervisees had a safe place to disclose thoughts and constructions about a case. As such, the problem with power imbalances (Forshaw, Sabin-Farrell & Schröder, 2019) that derive from evaluative roles and influence the therapeutic relationship seemed to be absent in our study.

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. We hypothesize this has something to do with the drive of the supervisees in question. When appointing supervisors or making supervisees choose from a list, one neglects this dimension, making supervision less productive.

Second, however important supervision is for clinical work, participants referred to other things that are equally important in their formation as an analyst: there is the analysis itself, but many participants also had an external supervisor in the psychiatric wards that some of them were working in; there is also the experience of working with the analysants and the formative effects of this work, the importance of clinical presentation and case presentation, working in theoretical or clinical cartels, attending study days and conferences, reading cases, writing cases and theoretical elaborations. These are distinct from supervision, with analysis being the most important. A promising line of research would be to focus on platforms beyond supervision.

An Ode to Surprise

Surprise! Surprise!

Rounding out this dissertation, one signifier has to be addressed, namely the element of ‘surprise.’ In nearly all the interviews (the ex-analysants, the analysts, and the supervisees), the element of surprise came to the fore: The analysants experienced a ‘surprising reframing’, where the symptom they presented themselves with was not the core of what was going on; the silence of the analyst surprised them; they were surprised by the insight they gained out of linking disconnected parts of their story; it surprised them they continued to dwell on specific themes, being confronted with the question: ‘if this keeps reappearing, what will I do with it?’; they were surprised they did not have control, making them see things in another way, things they never thought about of in such a way. This surprise was welcomed by their analyst. The analysts did not shy away from the effects this had and encouraged their patients to elaborate on these surprises. When talking about supervision, the supervisees were surprised how they were blinded by their own constructions and ideas about the cases they discussed, not being able to hear certain aspects of the case at hand; surprised they did not meet a master, telling

them how to work with a certain patient, nor did they encounter someone who treated them as an analysant.

So, what is up with all those surprises?

'Say Goodbye to Homeostasis!'

In chapter four we argued surprise happens when a deceptive aspect of the imaginary gets countered, when something of the expected continuity gets disrupted. The imaginary ego misrecognizes the aspects of the subject that do not fit our ego. Surprise counters the imaginary function in which one gets stuck. A Lacanian psychoanalyst focusses on the discontinuities in speech, pointing to where this fails, marking the place of the unconscious and therefore also of the subject. The analyst does not merely focus on the enunciated narrative, but on the act of enunciation too, where discontinuities that surprise the analysant come to the fore. If the ego's function is to block associative paths, the element of surprise opens them back up (Hewitson, 2014). The disruptive power of a surprise means that the ego cannot fight on two fronts at once, at the same time blocking unconscious associative material and reacting to what was unforeseen. It is important to note this reframes our finding from chapter two, namely the fact that none of the participants talked about formations of the unconscious. Miller (2000) states that the unconscious presents itself through surprise, so the elements discussed by the analysants indicate something was present on 'another level'.

This imaginary continuity, what is expected, is the necessary condition for surprise (Miller, 1997). Obviously, as Miller states, we can say it is the other way around, that the definition of surprise is what we do not expect. However, if it is something we do not expect, it is because we are expecting something else. As stated by Lacan (1967), what is expected of the analytic session is exactly what we refuse to expect. As such, at the level of the analysants as well as of the analyst, there needs to be a certain desire to be surprised, to let oneself be surprised. There has to be this desire to be surprised and to be able to surprise. It can be said that the analysants, and the analysts who talked about their supervision, had the desire to be surprised. The participating patients all wondered what was going on, wanting to elaborate on their symptoms and life. In supervision, when the element of surprise was missing, the supervisees started to consult another supervisor.

According to Miller (2010), for Lacan, it was always a matter of surprise; he even made practice out of it. This was most clearly illustrated in chapter four with the anecdote of Razavet, when Lacan extracted a knuckle-duster from his pocket, holding it under the nose of the bewildered Razavet. He also used the dynamic of surprise in his teachings: 'you thought the

unconscious was symbolic... wrong!’ ‘You think the object *a* is... not at all!’ Every time he introduces a cut or a displacement, it produces an effect of surprise that shakes up the equilibrium, the idea of homeostasis. “Everyone who enters in the Lacanian orientation, say goodbye to homeostasis!” (Brousse, 2020).

Surprise and the Analytic Discourse

According to Miller (2000), the specificity of the analytic discourse lies exactly in the element of surprise. Using our interview studies, we argue this dimension is present at different levels.

$$\frac{\mathbf{a}}{\mathbf{S}_2} \rightarrow \frac{\mathbf{S}}{\mathbf{S}_1}$$

(Figure 6: The Discourse of the Analyst)

First, in the position of the analyst, as agent, there is a desire to be surprised in clinical work. The analytic discourse opposes itself to a willingness to have control all the time, of being cramped (Miller, 1997). A Lacanian psychoanalyst welcomes surprise. They even rejoice! As such, the analytic discourse opposes itself to the discourse of the master. The master does not like to be surprised, it disturbs him, and consequently, he turns his back to it (Miller, 1997). Opposed to the master, the analyst will not guide herself with ‘what she expects’. The position of the analyst is a position of non-knowledge, a suspended knowledge. Considering the positions in the discourses, she keeps ‘what she expects’ below the bar, having no idea upfront about the unconscious of the analysant. This concurs with the Freudian advice stating that when we address a case, we always have to forget what we know (Miller, 2000). The analyst ignores what she knows, letting herself be surprised by the discourse of the analysant.

Second, although the analyst suspends knowledge, the analytic experience does begin with the expectation of knowledge. The analysant starts to speak, awaiting the knowledge of the analyst. Surprisingly, there is no other who responds. Here we can refer to one of the findings of chapter two, where a special element of surprise seemed to be the detailed attentiveness and relative silence of the analyst. The silence made the analysants speak and also made them more attentive to the words of the analyst. Hewitson (2014) combined the element of surprise and silence, referring to Laurent (1989) who states that the psychoanalyst is not a

passive rock, but a tornado, which must have a point of emptiness at his center. Silence can be attentive as well as disruptive; it is not a passive activity, and not saying anything, being silent, does not imply disinterest.

Koretzki (2009) links this moment of surprise, related to the silence of the analyst, to ‘the lack in expected knowledge’, which is essential to seize the unconscious. It is this lack, this rupture, where the unconscious can be grasped: it is the moment of subjective division by the unexpected. For Lacan, surprise is defined as that “by which the subject feels overwhelmed, by which he finds at the same time more or less than he expected, but anyway, it is, compared to what he expected, a unique price.” (Lacan, 1973 [1964], p. 27).

Third, beyond the subjective division, what the analysant finds are master signifiers, S_1 's, disconnected from S_2 's. As such, analysants also get surprised by the signifiers they produce, as they get a new meaning, or even lose all meaning. Fundamentally, it is the confrontation with the dimension of impossibility ($S_2//S_1$). As such, for Lacan, surprise is also a discovery, which produces a loss. It would be easy to state that the analytic process concerns the ever-increasing production and gain of knowledge. Defining surprise as a discovery that produces a loss goes against the idea of surprise correlated to the increase of knowledge. This separation between surprise and knowledge must be highlighted, because it no longer defines surprise as just countering the imaginary. As such, it brings a new dimension to the fore: the reduction of the symbolic, which was of essence in the later teachings of Lacan.

Fourth, through positioning herself in analytic discourse, the desire of the analyst appears. The desire of the analyst is the accomplice of surprise, that is to say, the unexpected. The analyst does not simply ‘play along.’ It is a desire that is the opposite of the expectation that the operation of the game continues. Starting from the game of the dummy, the analyst suddenly will rear its ugly head. The analyst, with her desire, thus prepares the ground that houses the unexpected. The analyst is the one who gives us the answer we do not expect (Koretzki, 2009). This is marvelously illustrated in the following anecdote, concerning Roman Polanski, who had invited Lacan for dinner.

“Lacan is sitting at the table, waiting for Polanski who is running late. Then, even so, finally, the filmmaker makes his entrance. A little man, showing off to everyone and to Lacan, by being accompanied by two stunning women who are way out of his league. Here, our script notes: certain heads turn in the crowd. The three of them sit and make themselves comfortable at the table, silence, under which Lacan emits an incredibly deep sigh, no less noticed than by

Polanski's entourage. Lacan, then, gets up, and definitively leaves the restaurant, leaving the dear Roman stuck there, with his two girls." (Allouch, 2009, p. 241)

As discussed by Hewitson (2014), Lacan's reaction is brilliant. Polanski clearly arranged the meeting so that he could use Lacan as a prop to impress the women he brought with him, but Lacan saw through this instantly, belittling him by sighing heavily, audibly to the women, before taking his leave. Polanski is left to ponder his predicament with the women at his side; the women left to ponder Polanski's pulling power.

This was also illustrated in our second chapter where participants indicated there was something surprising and new about the analyst, who didn't respond like other therapists they had encountered. The most striking example of this is the case of Anna and her anecdote about the shrinking hand, with the analyst not going along 'empathically' like everybody else.

From Surprise to Awakening

As important as the element of surprise may be, Lacan was wary of therapeutic effects on the symptom related to the sudden and dazzling appearances of the unconscious (Koretzki, 2009). Surprise is an important precursor for change, but change does not happen at the instant of the surprise. Making use of the logical times as discussed by Lacan (1966 [1945]), we situate the surprise at 'the instant of the glance'. Because of the element of surprise, one sees through the cracks of the imaginary, but this is then followed by a time to comprehend and a moment to conclude. This concurs with the idea that "the analytic interpretation is not meant to be understood; it is made to produce waves" (Lacan, 1976). Considering this definition, Lacan is not interested in the immediate and dazzling surprise effect that an interpretation could produce, and an analyst should not be either. The interpretation that surprises is not to be understood at the moment, not by the analysant, nor by the analyst. It must make waves. That is to say that the initial astonishment follows a resonance that has effect after the event. "Something in the signifier has to resonate" (Lacan, 2016 [1975-1976], p. 9). The heart of the matter, and the success of an analytical interpretation, is the importance of a misunderstanding, in which there is always an element of surprise.

Taking into account the logical times, it is important to differentiate the element of 'surprise' with an 'awakening'. We could argue the element of surprise is more present in Lacan's early teachings, focusing on the distinction of the imaginary and the symbolic. When his focus shifts towards the dimension of the real, we see him introduce the element of 'awakening.' It is the imaginary and the symbolic that makes us fall asleep. The normal state

of a human being is to sleep, not to be disrupted, continuing with what is expected. The fundamental desire, the desire of desires, is the desire to sleep. Miller states that ‘awakening’ is one of the names of the real, in the matter that it is impossible. We would hypothesize this as being a surprise of the real. The end of the treatment, the time to conclude, then becomes a moment of awakening. As the ex-analysants indicated that for none of them could the treatment be considered as finished (there were things they could elaborate on, but for the moment they preferred not to), the idea of ‘the end of treatment’ did not really come to the fore in our studies. This could be taken up in further research.

To Our Surprise: The Absence of the Real

Thinking about the surprises we experienced throughout this research project, the biggest one would be where we ended up. Originally, we started from the idea of studying the later teachings of Lacan, more specifically Borromean knot theory. While discussing the interviews of the analysants, it quickly became clear that Lacan’s later teachings would not get us very far. As Lacan elaborates his theory over the course of his work, his focus shifts first from the imaginary to the symbolic, to finally end up with the real, even introducing the real unconscious next to the symbolic unconscious (Lacan, 2016 [1975-1976]). As we explicated in chapter four, in his later teachings, his work no longer only starts from the idea of ‘the unconscious structured like a language’ but also from the complex theoretical notion of ‘Llanguage.’ In his later work Lacan no longer focuses solely on the dimension of repressed desire arising in the connection between signifiers, but also on the embodied side of speech. While at the time of ‘Function and Field’, the symptom was just a rebus that needs to be deciphered (a signifier referring to another signifier), his later focus on ‘Llanguage’ also implies a focus on the nonsensical corporeal jouissance that we all struggle with. In this view, the meaning of a symptom not only constitutes symbolic knowledge that needs to be heard, but also makes up a circuit of jouissance that a patient might well get addicted to, making him introduce ‘the sinthome’ instead of ‘the symptom’. Only one element, in the case of Anna, seemed to touch upon this aspect, when she indicated her drinking problem ‘bubbled out’, envisaging herself in Silicon Valley, with a coffee in her hand.

Lacan’s early teachings, focusing on the dimension of the symbolic, proved to be much more useful for interpreting the discourse of the analysants. However, the question we are left behind with is: where could we find this aspect of the real or jouissance in all of our interviews? Even in the interviews with the analysts (most of them having a specific interest in Lacan’s later teachings), this seemed absent. The same question could also be asked concerning

supervision. Our findings are most coherent with Lacan's first teachings: 'Function and Field' and 'Direction of the Treatment'. We could argue this has to do with the duration of the therapies discussed by the ex-analysants (or the time the supervisees had been in supervision). Lacan's elaboration of the real was a way to get beyond Freud, who stumbled on 'terminable and interminable analysis.' Our participants never reached a point to go beyond and, as such, this did not appear in our interviews. This is in stark contrast with the testimonies of the Pass and thus it would be interesting to further investigate this dichotomy between our interviews and the testimonies of the Pass.

Suggestions for Future Research

Throughout this discussion we have already suggested different lines of research that would interest us, like those aspects beyond supervision, the importance of silence, or the end of the treatment.

Other suggestions would be, first of all, to take a closer look at the formations of the unconscious which appear in therapies. In the interviews with the ex-analysants, formations of the unconscious (dreams, slips of the tongue, etc.) seemed nearly absent. This surprised us, as we considered formations of the unconscious to be crucial from a psychoanalytical perspective. Brousse (2020) highlighted that in every testimony of the Pass, crucial dreams are discussed, being a major point of focus in the testimonies of the Pass. She states that this is reassuring. Considering our results, this seems troublesome. For our participants, the focus was more on the surprising impact of the language they used and on repetitive patterns of speech, which made them question themselves. One hypothesis would be that formations of the unconscious or interpretations did appear in the therapies discussed, but did not play a major role, as they did not surprise our participants, serving more as interpretations or (word-)bridges between the material discussed, provoking further elaboration (e.g. Lucy dreamed about her grandfather and started to talk about him). Future process research might benefit from taking a closer look at the formations of the unconscious which appear in therapy and what their exact function could be.

Second, we would suggest looking into the beginning of the treatment. The ex-analysants experienced a 'surprising reframing', while the analysts focused on the 'hysterisation of discourse'. Both seemed crucial and it appeared our participants already entered analysis with a self-directed epistemic question. They quickly considered their own implication in their symptoms, themselves being the agent of their troubles. Now, not all patients consult an analyst this way and most of the time some preliminary work has to be done.

An in-depth study of this preliminary work seems to be essential and could prove to be very useful for clinicians.

Third, one of the biggest limitations of our studies is the fact that all our participants (ex-analysants, analysts, and supervisees) had a very positive transference to Lacanian psychoanalysis and supervision. Future research in this domain might benefit from using a sampling strategy that can ensure the inclusion of participants with a more nuanced range of experiences (e.g., positive, negative, neutral). With such a sample, we could explore possible reasons why the patients felt that the therapy did not work and compare these data with the data from the present study. One hypothesis would be that participants stumbled on ‘bad surprises’. Thinking of Daniel, as discussed in chapter two, he stated that he ended therapy because he wanted to avoid talking about his wife. It would not surprise us that certain themes come to the fore and patients refuse to continue to talk about a certain topic and quit therapy. As such, we would be curious to study these ‘bad surprises’ and how these are linked to drop out. Drop out is more prevalent in psychoanalysis, and our hypothesis would be that patients are not always ready for the psychoanalytic surprise, the confrontation with their unconscious, the problems that are behind the problems they present themselves with. It would be useful to interview ex-analysants or supervisees who did not have such a good experience with psychoanalysis, to hear what went wrong and to contrast this to our own results.

Fourth, as stated in chapter two, in terms of the Lacanian structural approach to diagnosis, most interviews we studied bear witness to the clinical structure of neurosis. However, no firm conclusions could be drawn from this comparison, which is why it was not included in the results. Nonetheless, across cases, a remarkable consistency could be observed regarding what the participants appreciated about therapy and how they experienced their therapeutic process (the surprises, listening to their own speech, etc.). We already hypothesized that, if one would focus on psychosis, a more interactive and conversational style might be found in the organization of sessions (Strubbe & Vanheule, 2014; Vanheule, 2017). It would however interest us to make a clear split between the psychic structures and take a closer look at the different processes.

Lastly, it is our strong belief that dialoging with other therapeutic schools about the process of psychotherapy, what patients and therapists say, instead of comparing numbers, is crucial. Having taken up Kazdin’s (2009) suggestion to implement qualitative research in the process study of psychotherapy, it has proven to be of great value. As such, we strongly believe the future of psychotherapy research lies in these kinds of process studies. Throughout this research, discussing our results at conferences, getting feedback on our papers, it was really

6. General Discussion and Conclusions

interesting to hear others talk about their therapeutic process and supervision, not only from a Lacanian perspective, but from all perspectives. What would the results be of doing a thematic analysis of interviews with patients having finished a systemic-oriented or behavioral-oriented psychotherapy? The same is true for supervision oriented from other psychoanalytic schools, but also from a systemic or behavioral perspective. What surprises can be found there?

References

- Allouch, J. (2009). *Les impromptus de Lacan* [Lacan's improvisations]. Mille et une Nuits.
- Brousse (2020). *L'artifice, envers de la fiction. Quoi de neuf sur le rêve 120 plus tard?* [The artifice, opposed of the fiction. What new on the dream 120 years leater?] Downloaded from: https://congresoamp2020.com/fr/articulos.php?sec=el-tema&sub=textos-de-orientacion&file=el-tema/textos-de-orientacion/19-09-11_el-artificio-reverso-de-la-ficcion.html on 27 February 2020
- de Maat, S.; de Jonghe, F., de Kraker, R.; Leichsenring, F.; Abbass, A.; Luyten, P.; Barber, J. P.; Van, R.; Dekker, J. (2013). The Current State of the Empirical Evidence for Psychoanalysis: A Meta-analytic Approach. *Harvard Review of Psychiatry*. Doi:10.1097/HRP.0b013e318294f5fd
- Forshaw, G., Sabin-Farrell, R., Schröder, T. (2019). Supervisors's experience of delivering individual clinical supervision to qualified therapists: a meta-ethnographic synthesis. *Mental Health Review Journal*, 24/1, 51-68. doi: 10.1108/MHRJ-09-2018-0028.
- Gabbard, G.O. (2004). *Long-term psychodynamic psychotherapy: a basic text*. American Psychiatric Publishing. Arlington, VA.
- Garfield, S.L. (1990). Issues and Methods in Psychotherapy Process Research. *Journal of Consulting and Clinical Psychology*, 58/3, 273-280.
- Gaskin, C. (2014), *The effectiveness of psychoanalysis and psychoanalytic psychotherapy: A literature review of recent international and Australian research*. Melbourne: PACFA.
- Hewitson, O. (2014). *Surprise, Punctuation, Pace, Silence. Lessons from Lacan's practice – everyday psychoanalysis, from the classroom to the boardroom* (3). Downloaded from <https://www.lacanonline.com/2014/02/lessons-from-lacans-practice-everyday-psychoanalysis-from-the-classroom-to-the-boardroom-iii/> on 29th of Octobre 2019
- Hoffman, I. Z. (2009). Doublethinking Our Way to "Scientific" Legitimacy: the Desiccation of Human Experience. *J Am Psychoanaly Assoc*, 57, 1043 doi: 10.1177/0003065109343925
- Kazdin. A.E. (2007). Mediators and Mechanisms of Change in Psychotherapy Research. *Annu. Rev. Clin. Psychol.*, 3, 1-27.
- Kazdin, AE. (2009) Understanding how and why psychotherapy leads to change. *Psychother Res*, 19, 418-28.
- Kernberg, O. (2011). Psychoanalysis and the university: a difficult relationship. *International Journal of Psychoanalysis*, 92, 609-22. Doi: 10.1111/j.1745-8315.2011.00454.x
- Koretzki. C. (2009). La Surprise Lacanienne. *La Cause Freudienne*, 73, 189-198.

- Lacan, J. (1966 [1953]). The Function and Field of Speech and Language in Psychoanalysis. In *Ecrits* (pp. 197–268). [English ed. translated by Bruce Fink (2002)]. New York, NY: Norton.
- Lacan, J. (1966). The Direction of the Treatment and the Principles of Its Power. In *Ecrits* (pp. 489–542). [English ed. translated by Bruce Fink (2002)]. New York, NY: Norton. (Original work published 1957)
- Lacan, J. (1991[1969-1970]). *Le Séminaire XVII: L'Envers de la Psychoanalyse* [The Seminar XVII: The Other Side of Psychoanalysis]. Paris. Seuil.
- Lacan, J. (2016 [1975–76]). *The Seminar: The Sinthome*. Polity Press. Cambridge.
- Lacan (1966 [1945]). Le temps logique et l'assertion de certitude anticipée. Un nouveau sophisme [Logical Time and the Assertion of Anticipated Certainty]. *Ecrits*. Paris. Seuil. 197-213.
- Lacan, J. (1973 [1964]). *Le Séminaire Livre XI. Les quatre concepts fondamentaux de la Psychanalyse* [The Seminar XI: The four fundamental concepts of psychoanalysis]. Parijs: Seuil.
- Lacan (2001 [1967]). De la psychanalyse dans ses rapports avec la réalité [About psychoanalysis and its rapports with reality]. *Autres Ecrits* [Other Ecrits]. Seuil. Paris. 351-360
- Lacan, J. (1976 [1975]) Conférences et Entretiens dans des Universités Nord-Américaines: Columbia University [Conferences and speeches in the North American Universities: Columbia University]. *Scilicet*, 6/7, 42–52.
- Laurent, E. (1989). *From saying to doing in the clinic of drug addiction and alcoholism. Almanac of Psychoanalysis – Psychoanalytic stories after Freud and Lacan.*, 138-139.
- Leichsenring, F.; Rabung, S. (2011). Long-term psychodynamic psychotherapy in complex mental disorders: update of a meta-analysis. *Br J Psychiatry*, 199, 15-22.
- Lesage, I. (1997). Une affaire classée. *La Conversation d'Arcachon* [The Conversation at Arcachon]. Agalma. Paris. 137-146.
- Miller, J.-A. (1997). De la surprise à l'énigme [From the surprise to the enigma]. *Le Conciliabule d'Angers*. Le Paon. 9-22.
- Miller, J.-A. (2000). Les Us du Laps, cours de 2ième février. [The Use of a Lapsus, cours of the 2th of february]. Unpublished
- Miller, J.-A. (2010). Vie de Lacan, Quatrième séance du cours [Life of Lacan, fourth lesson of the course]. Unpublished.
- Miller, J.-A. (2011) Reading a symptom. *Hurly-Burly*, 6, 143–52.

- Pluth, E.; Zeiher, C. (2019). *On Silence: Holding the Voice Hostage*. Palgrave. Switzerland.
- Seligman, M. E. (1995). The effectiveness of psychotherapy. The Consumer Reports study. *American Psychologist*, 50, 965–974. <http://dx.doi.org/10.1037/0003-066X.50.12.965>
- Shedler, J. (2010) The efficacy of psychodynamic psychotherapy. *Am Psychol* 2010, 65, 98-109.
- Strubbe, G., & Vanheule, S. (2014). The subject in an uproar: A Lacanian perspective on panic disorder. *Journal of the American Psychoanalytic Association*, 62, 237–266. <http://dx.doi.org/10.1177/0003065114527616>
- Vanheule, S. (2017). Conceptualizing and treating psychosis: A Lacanian perspective. *British Journal of Psychotherapy*, 33, 388–398. <http://dx.doi.org/10.1111/bjp.12301>
- Westen, D., Novotny, C. M., & Thompson-Brenner, H. (2004). The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in controlled clinical trials. *Psychological Bulletin*, 130, 631–663. <http://dx.doi.org/10.1037/0033-2909.130.4.631>
- Weinshel, E.M. (1984). Some observations on the psychoanalytic process. *Psychoanal Q.*, 53, 63-92.
- Zenoni, A. (2003). L'entrée par le symptôme [The entry through the symptom]. *Cause Freudienne*, 53, 180-186.

SUMMARY

“What a subject is entitled to expect from an analysis, if (s)he decides this, is that (s)he can manage him or herself in life in a better way. The question that arises is how psychoanalysis makes this possible” (Malengreau, 2008, pp. 73).

Meta-analytic studies concerning the effectiveness of psychoanalytic therapy show promising results. However important these positive results can be, they do not inform us about the factors and variables that produce these results. Effectiveness research does not address many crucial elements concerning what exactly happens in the process of psychotherapy. If we know how change comes about, perhaps we can direct better, stronger, different, or more strategies that trigger the critical change process(es). An additional benefit would be the potential improvement in training therapists once knowledge about the significant therapeutic variables have been obtained.

In general, discussion and theory about why psychotherapy changes people are plentiful, but supportive evidence is quite rare. This is also true for the process of psychoanalytic therapy, and even more so for Lacanian oriented psychoanalytic therapy. Since Lacanian oriented psychotherapy inspires clinical therapeutic work across the globe, reaching more and more clinicians, it seems important to systematically study this process.

This thesis starts from the question what the essential, irreducible cores of the Lacanian psychoanalytic process are and questions the Lacanian conceptual models which explain the processes responsible for therapeutic change. In our **first chapter**, we discuss the importance of process studies and reference Kazdin (2007), stating that one of the promising ways to systematically study the psychoanalytic process is through (consensual) qualitative research and link this to Lacan’s methodological innovation of the cartels.

In our **second chapter** we aimed at mapping and interpreting the factors that stand out as relevant to personal change in Lacanian psychoanalytic therapy from a first-person perspective. Using interview data of participants’ personal accounts of their therapeutic journey, we applied a thematic analysis to gain insight into what they believed effectuated change. We provided a descriptive thematic account of what patients indicated as crucial to change. We interpreted the data of ex-analysants within the context of Lacan’s seminal text ‘The Function and Field of Speech and Language in Psychoanalysis’ (Lacan, 1966 [1953]). We

first discussed the principal ideas concerning the analytic treatment presented in this text. Lacan puts forward that psychoanalysis starts from the patient's speech and makes people the subject of their own speech. Whereas the ego tends to misrecognize the details of our own speech, the practice of Lacanian psychoanalysis makes people examine their own words and accept that what they say reveals important information as to who they are as a subject. As such, the analyst focusses on and supports 'full speech.' The analyst is not concerned with the supposed reality of her patient, but with the subjective truth that is articulated through discontinuities in speech, symptoms, and so-called productions of the unconscious like dreams or slips of the tongue. This speech cannot be distinguished from transference. Lacan focusses not merely on interpersonal dynamics, but on the observation that, qua sender of speech, the analysant receives his or her own message back from the receiver in an inverted form. By wondering how the psychoanalyst might interpret the words one is articulating, the analysant starts to consider his own words in a different way, wondering exactly which message he is conveying. As such, the analysants indicated they met somebody who really listened to what they said and learned about themselves by hearing their own speech. The latter eventually reveals that the ego does not have total control over what is being said, which actualizes the dimension of the subject. This will confront the analysant with questions of desire: They began to see themselves in a new light and as such they wondered what they really wanted. Full speech makes clear that desire cannot be reduced to the control of the ego, and that aspects of the subject that have hitherto been denied should be acknowledged. Such acknowledgment did take shape by hearing oneself speak 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 to accept subjective truths that have been neglected thus far, and to act.

In our **third chapter** we aimed at mapping in interpreting the factors standing out as relevant to personal change through psychoanalysis, starting from Lacanian psychoanalysts' accounts on psychoanalytic therapies they had been conducting. Using interview data of how the psychoanalysts perceived the therapeutic journey of their patient and what their role was in this process, we again applied a thematic analysis to gain insight into what they believed effectuated the change that occurred for their patients.

Using Lacanian discourse theory as a theoretical perspective, the shift from symptom-related suffering towards a self-directed epistemic question indicated analysts focus on the hysterisation of discourse. The psychoanalysts presented themselves as an object, incarnating the dimension of the unarticulated, inviting for free associations, letting the patients produce

master signifiers. The participating analysts started from Lacanian structural diagnostics in terms of the clinical structures of neurosis, psychosis and perversion. This however, only served as a starting point for person-centered case construction. As such, Lacanian psychoanalysts demonstrate that although they have the theoretical knowledge, the heart of the matter are the singularities, the master signifiers which appeared in the discourse of the patients. Although the analysts' knowledge concerning psychoanalysis and psychopathology was clearly illustrated during the interviews and motivated their actions during the treatment, they never explained their hypothesis towards the patients. This concurs with the assumption that case constructions never grasp the singularity of the case at hand and the analyst has to make sure the singularity of the patient can appear. As the patients started to produce master signifiers, which marked their subjectivity, this made it possible for them to find a new way to relate to these signifiers. Additionally, the analysts indicated supervision to have been of importance in working with their patients. As the latter indicated supervision to be important for the psychoanalysts, we decided to further elaborate on the matter.

Although supervision appears essential, it seemed hardly any research was done on the Lacanian supervisory process. In a broad-scale, century spanning psychoanalytic supervision literature review, Watkins (2019) found only one academic article discussing Lacanian supervision, this being a theoretical discussion of Lacanian Supervision, not even really offering clinical guidelines for the supervisee and his supervisor. As supervision doesn't just impact the supervisee (increased job satisfaction, lowering therapist burnout, professional development), but also affects the patients, this through more effective therapy, symptom reduction and the increased ethical practice of their therapists. This has to be discussed in a systematic way. This was the aim of our fourth and fifth chapter.

In our **fourth chapter** we discussed several principal ideas about supervision from Lacan's work: making the analyst sensitive to the symbolic component of the unconscious, becoming sensitive to the interrelation between language and jouissance and being able to be present in his psychoanalytical practice. Concerning the symbolic component of the unconscious, Lacan suggests that one should focus on speech and signifiers. He indicates that the focus of supervision is 'the unconscious as structured like a language' and the idea that we can only grasp the unconscious by exploring discontinuities in the patient's narrative. As an analyst, one can be blinded by the day-to-day relationship with the analysant, which functions as an imaginary mirror in which we recognize the other and ourselves. Supervision aims to open the analyst up to the symbolic dimension of speech (i.e. to ambiguities and unexpected

connotations). The purpose of supervision is to offer a ‘second hearing’, or a third point in the relation between analyst and the analysant. This approach allows us to understand Lacan’s (1976 [1975]) remark that we should speak about ‘super-audition’ instead of ‘super-vision’. Concerning the matter of becoming sensitive to the interrelation between language and jouissance, in seminar XXIII (Lacan, 2005 [1975–76]), Lacan explicitly returns to the question of supervision. At this point, his work no longer only starts from the idea of ‘the unconscious structured like a language’ but also from the complex theoretical notion of Llanguage (lalangue). It refers to the a-semantic side of speech: to the tonality and musicality of speech qua expression of corporal drive-related tension, and to the many possible equivoques (double meanings) in language that echo similarities of sound rather than conceptual links between words. When making interventions the analyst should not simply stimulate the production of meaning by ‘listening’ for meanings, but examine how the analysant deals with nonsensical jouissance, and switch to ‘reading the meaningless’ (Miller, 1996). As such, next to careful listening to the play of signifiers, psychoanalysis concerns reading ‘Llanguage’ as well (Miller, 2011).

These ideas comprise two stages that Lacan discerned in the process of supervision: the ‘stage of the rhino’, where he encourages the analysts to follow their own ‘movement’ or inspiration. One of the purposes of letting the Rhino rampage is to avoid imaginary identification with the supervisor. The purpose of supervision is to support the analytic intervention at a point where there is no manual. Without a manual, the analyst must make sure his speech ‘creates’, and supervision should facilitate that. This is why Lacan disliked the term ‘control-analysis’: supervision doesn’t have to ‘control’ anything but open the possibility for the supervisee to be creative. The second stage concerns the ‘stage of the pun’: it consists in playing on the equivoque that might free up something of the sinthome. For Lacan (2005 [1975–76], pp. 9) “the interpretation operates solely through equivoques. There has to be something in the signifier that resonates.” Again, this follows Lacan’s viewpoint on analytic practice and the symptom, focusing on ‘knowing how to read’, and thus complementing the ‘saying it well’ or ‘full speech’ that was present at the time of ‘The Function and Field’. We argue that an additional third stage should be discerned, concerning the challenge of incarnating the position of the so-called object *a*. The object *a* is an element beyond linguistic representation, that gives ‘flesh and bones’ to sessions, in that it presents the analysant with the corporeal presence of the analyst. ‘Incarnating the object’ was important for Lacan in supervision.

Next, building on our conceptual study in chapter four, we elaborate in **chapter five** on how Lacanian oriented supervision is practiced on a day-to-day basis. We aimed at mapping and interpreting what is at stake in Lacanian psychoanalytic supervision. Using thematic analysis, we discerned four themes, each revolving around a certain strategy adopted by the supervisor. Supervision helped them to construct a case, while enabling a shift from a structural clinic (neurosis, psychosis, perversion) to the singularity of the case. Supervision focusses on what is strictly singular, unique and irreproducible in the discourse of the analysant. Supervisees chose their supervisor because of their clinical expertise and a personal aspect which appealed the participants. Instead of meeting a master figure or a coach, they found a place to elaborate on their clinical practice and master their own clinical know-how. Participants indicated that Lacanian supervisors focus on the symbolic dimension of language, preventing entrapment in the deceptiveness of the imaginary, avoiding the illusion ‘knowing what to do’. Last, supervision focusses on the case discussed, not the case of the supervisee, indicating a clear split between their supervision and their own psychoanalysis, the latter being the place where personal items appearing in supervision can be discussed.

Using ‘Direction of the Treatment’ (2006 [1957]) as theoretical framework, we concluded that indeed, Lacanian supervision doesn’t consider the matter of tactic, on how to interpret. 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 transference, according to the structural diagnosis being discussed. Participants also indicated that beyond this structural diagnosis, the supervisor focusses on the singular aspects of the case. The supervisor is there to counter the deceptiveness of the imaginary, making sure the supervisee focusses on Full Speech: the discontinuities, formations of the unconscious... in the discourse of the analysant. Underlying the four strategies discussed, there’s the politics of the ‘lack-of-being’. As the supervisor prevents the supervisee of getting stuck in fixed ideas or in one’s own presumed knowledge, focusing on the ‘beware-of-understanding’, he will keep open the lack in the Other making sure the Otherness of the Other, the singularity of the analysant can appear. The supervisor, in a certain way, disrupts the elaborations of the ego of the supervisee, 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.

Our **sixth chapter** concerns an integration and discussion between the different chapters, while also offering future lines of research.

We first discuss the methodology of qualitative research, more specifically thematic analysis, which appeared to be a very fruitful method to get a grip on what was going on in the therapeutic process and seems to be a method that suits research from a psychoanalytic perspective very well. Additionally, our interviews also illustrated that every individual case qualifies as a unique one, from which we can learn specific things considering the process of psychotherapy, insights that are impossible to detect when limiting research to quantitative measures. This demonstrates the importance of single case studies to learn more about the processes of change and how this occurs. Case studies allow us to get insight into problems or processes of the treatment that are so infrequent they simply cannot appear in group research.

Second, we take into account the results of chapter two and three where we find great similarity between the narratives of the ex-analysants and the analysts. The patients indicated that, to their surprise, the therapy did not focus strongly on the crisis that they arrived with, but installed a praxis of free speech, which made them pay detailed attention to the nature of their speech. The analysts, from their side, positioned themselves in the analytic discourse, focused on the speech of their patients, supporting this speech and engaging in active reflection, focusing on links and repetitions which appeared through speech. With their listening style, the analysts stimulated this process. All participants stressed that they were surprised by the detailed attentiveness and relative silence of the analyst, which helped them listen to their own speech in different ways. As such, we also indicated that silence is an important concept in Lacanian psychoanalysis and should be further investigated.

Third, we presented an integration between the stages discussed in our theoretical paper on supervision (starting from 'Function and Field' and Seminar XXIII), the concepts of tactics, strategy, and politics discussed in chapter five, and our interview study from chapter five. As the supervisors did not focus on interpretations, they let the rhinos have their way. As rhinos, supervisees are encouraged to follow their own movement or inspiration. The important part is that the analysts are free in their tactics as long as they position themselves in the symbolic dimension of transference. A supervisor cannot formulate what an intervention should be, nor does he know the effect of the intervention. In a certain way, the supervisor supports the supervisee in being silent and listening, moving speech away from its imaginary dimension towards the symbolic one (the pun). As the danger of falling back on the imaginary is ever present, supervision is a never-ending process.

Fourth, we discuss how our findings have an implication on the ‘formation of the analyst’. Concerning supervision, it seems crucial to be free to choose one’s own supervisor. 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 evaluative aspect of supervision seems generally absent in Lacanian institutes. Not having to think about evaluation made sure supervisees had a safe place to disclose thoughts and constructions about a case. 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. When appointing supervisors or making supervisees choose from a list, one neglects this dimension, making supervision less productive. Next, however important supervision is for clinical work, participants referred to other things that are equally important in their formation as an analyst: there is the analysis itself, but many participants also had an external supervisor in the psychiatric wards that some of them were working in; there is also the experience of working with the analysants and the formative effects of this work, the importance of clinical presentation and case presentation, working in theoretical or clinical cartels, attending study days and conferences, reading cases, writing cases and theoretical elaborations. These are distinct from supervision, with analysis being the most important. A promising line of research would be to focus on platforms beyond supervision.

Fifth, we finally addressed the most important signifier which appeared throughout the previous chapters: surprise. Almost in every interview (the analysants, the analysts and the supervisees) the element of surprise came to the fore. The analysants experienced a ‘surprising reframing’, where the symptom they presented themselves with wasn’t the core of what was going on; they were surprised by the insight they gained out of linking disconnected parts of their story; it surprised them they continued to dwell on specific themes, being confronted with the question: ‘if this keeps reappearing, what will I do with it?’; Surprised they started to see things in another way, things they never thought about of in such a way. This surprise was welcomed by their analyst, not shying away of the effects this had. It indicated discontinuities in speech, marking where the ego fails, marking the place of the unconscious and therefore also of the subject. The analysts encouraged their patients to elaborate on these surprises.

We argue surprise happens when a deceptive aspect of the imaginary gets countered, when something of the expected continuity gets disrupted. The imaginary ego misrecognizes

the aspects of the subject that do not fit our ego. Surprise counters the imaginary function in which one gets stuck. A Lacanian psychoanalyst focusses on the discontinuities in speech, pointing to where this fails, marking the place of the unconscious and therefore also of the subject. The analyst does not merely focus on the enunciated narrative, but on the act of enunciation too, where discontinuities that surprise the analysant come to the fore. The disruptive power of a surprise means that the ego cannot fight on two fronts at once, at the same time blocking unconscious associative material and reacting to what was unforeseen. As such, at the level of the analysants as well as of the analyst, there needs to be a certain desire to be surprised, to let oneself be surprised.

Last, we suggested different lines for future research. As our participants hardly mentioned formations of the unconscious, we argued to take a closer look at the formations of the unconscious appearing in therapies, wondering what their exact function could be. Second, we suggested looking into the beginning of the treatment. Ex-analysants experienced a ‘surprising reframing’, while the analysts focused on the ‘hysterisation of discourse’. Both seemed crucial and it appeared our participants already entered analysis with a self-directed epistemic question. They quickly considered their own implication in their symptoms, themselves being the agent of their troubles. An in-depth study of this preliminary work seems to be essential and could prove to be very useful for clinicians. Next, we discussed one of the biggest limitations of our studies: the fact that all our participants (ex-analysants, analysts, and supervisees) had a very positive transference to Lacanian psychoanalysis and supervision. Therefore, we suggested future research in this domain might benefit from using a sampling strategy that can ensure the inclusion of participants with a more nuanced range of experiences (e.g., positive, negative, neutral). With such a sample, we could explore possible reasons why the patients felt that the therapy did not work and compare these data with the data from the present study. Ensuing, as stated in chapter two, in terms of the Lacanian structural approach to diagnosis, most interviews we studied bear witness to the clinical structure of neurosis. We hypothesized that, if one would focus on psychosis, a more interactive and conversational style might be found in the organization of sessions (Strubbe & Vanheule, 2014; Vanheule, 2017). It would however interest us to make a clear split between the psychic structures and take a closer look at the different processes.

Rounding up this dissertation, we expressed our strong belief that dialoging with other therapeutic schools about the process of psychotherapy, what patients and therapists say, instead of comparing numbers, is crucial. We suggest a dialogue between the different therapeutic schools: what would the results be of doing a thematic analysis of interviews with

patients having finished a systemic-oriented or behavioral-oriented psychotherapy? The same is true for supervision oriented from other psychoanalytic schools, but also from a systemic or behavioral perspective. What surprises can be found there?

References

- Kazdin, A.E. (2007). Mediators and Mechanisms of Change in Psychotherapy Research. *Annu. Rev. Clin. Psychol.*, 3, 1-27.
- Lacan, J. (1966 [1953]). The Function and Field of Speech and Language in Psychoanalysis. In *Ecrits* (pp. 197–268). [English ed. translated by Bruce Fink (2002)]. New York, NY: Norton.
- Lacan, J. (1966 [1957]). Direction of the Treatment and the Principles of Its Power. In *Ecrits* (pp. 489- 542). [English ed. translated by Bruce Fink (2002)]. New York, NY: Norton. (Original work published 1957)
- Lacan, J. (1976 [1975]) Conférences et Entretiens dans des Universités Nord-Américaines: Columbia University [Conferences and Meetings in the North-American Universities]. *Scilicet*, 6/7, 42–52.
- Lacan, J. (2005 [1975–76]) Le Séminaire XXIII: Le Sinthôme. Paris: Seuil.
- Malengreau, P. (2008). Les Pouvoirs de la Parole Analysante [The Powers of the Speech of the Analysants]. (pp. 63-122). *Ce Qui est Opérant dans la Cure*. [What Works in the Treatment]. Éditions érès. Toulouse.
- Miller, J.-A. (1996) L'interprétation à l'envers. *La Cause Freudienne* (32): 9–13.
- Miller, J.-A. (2011) Reading a symptom. *Hurly-Burly*, 6, 143–52.
- Strubbe, G., & Vanheule, S. (2014). The subject in an uproar: A Lacanian perspective on panic disorder. *Journal of the American Psychoanalytic Association*, 62, 237–266. <http://dx.doi.org/10.1177/0003065114527616>
- Watkins, C.E. Jr (2019). Convergence, commonality, and context in psychoanalytic supervision. *The Scandinavian Psychoanalytic Review*. doi: 10.1080/01062301.2019.1623532.

SAMENVATTING

"Wat een persoon mag verwachten van een analyse, als hij/zij dit besluit, is dat hij/zij zichzelf beter in het leven kan managen. De vraag die daaruit rijst is hoe de psychoanalyse dit mogelijk maakt." (Malengreau, 2008, p. 73)

Meta-analytische studies betreffende psychoanalytische therapie tonen veelbelovende resultaten. Hoe belangrijk deze bevindingen ook mogen zijn, ze zeggen ons niets over de factoren en variabelen die voor deze resultaten zorgen. Effectiviteitsonderzoek richt zich niet op de cruciale elementen met betrekking tot wat er precies gebeurt in het proces van psychotherapie. Als we meer weten over hoe verandering tot stand komt, kunnen we misschien betere of andere strategieën gebruiken die de kritieke veranderingsprocessen in gang zetten. Een bijkomend voordeel is dat meer inzicht in de significante therapeutische variabelen een optimalisering van de vorming van therapeuten kan sturen.

Over het algemeen is er voldoende discussie en theorie over het waarom psychotherapie tot verandering leidt, maar bewijs hiervoor is eerder zeldzaam. Dit geldt ook voor het proces van een psychoanalytische therapie, en nog meer voor Lacaniaanse georiënteerde psychoanalytische therapie. Aangezien deze vorm van klinisch therapeutisch werken steeds meer klinici van over de hele wereld bereikt en inspireert, lijkt het belang om dit proces systematisch te bestuderen toe te nemen.

Dit proefschrift vertrekt van **de vraag wat we kunnen beschouwen als de essentiële wezenlijke elementen van het Lacaniaanse psychoanalytische proces. Aanvullend nemen we ook de Lacaniaanse conceptuele modellen onder de loep die de processen zouden verklaren die verantwoordelijk zijn voor therapeutische verandering.** In het eerste **hoofdstuk** bespreken we het belang van proces-studies. We refereren naar Kazdin (2007) die stelt dat het gebruikmaken van (consensueel) kwalitatief onderzoek één van de veelbelovende manieren is om op systematische wijze het psychoanalytische proces te bestuderen. We linken deze onderzoeksmethode aan Lacan's methodologische uitvinding van de kartelwerking.

In ons **tweede hoofdstuk** brengen we de factoren in kaart die relevant zijn voor persoonlijke verandering in een Lacaniaanse psychoanalytische therapie, dit vanuit een eerste persoon perspectief. De data die we hiervoor gebruiken werd verkregen via interviews waar ex-analysanten getuigen over hun therapeutisch parcours. Via een thematische analyse proberen we inzicht te krijgen in wat zij geloven dat er voor verandering heeft gezorgd. We

interpreteerden deze data vanuit één van Lacan zijn basisteksten: 'The Function and Field of Speech and Language in Psychoanalysis' (Lacan, 1966 [1953]).

We bespraken eerst de cruciale ideeën die Lacan in deze tekst aanhaalt betreffende de analytische behandeling. Hij schuift naar voor dat een analytist vertrekt vanuit het spreken van de patiënt en hen subject maakt van hun eigen spreken. Waar het ego neigt de cruciale aspecten van ons eigen spreken te miskennen, bestaat de praktijk van de Lacaniaanse psychoanalyse er in mensen hun eigen woorden te doen ondervragen en te accepteren dat wat ze zo onthullen belangrijke informatie is over wie ze zijn als subject. Zo focust de analyticus zich op het volle spreken en ondersteunt hij dit spreken ook. De analyticus houdt zich niet bezig met de veronderstelde realiteit van zijn patiënt, maar met de subjectieve waarheid die gearticuleerd wordt door de discontinuïteten in het spreken, zogenaamde formaties van het onbewuste zoals dromen of lapsussen. Dit spreken kunnen we niet onderscheiden van overdracht. Lacan focust zich niet op interpersoonlijke dynamieken, maar op de observatie dat diegene die spreekt zijn boodschap terugkrijgt van de ontvanger in omgekeerde vorm. Door zich af te vragen hoe de analyticus zijn woorden kan interpreteren, zal de analysant zijn eigen woorden beginnen beluisteren op een andere manier. Hij begint zich af te vragen welke boodschap hij precies onthult. Zo gaven de analysanten in de interviews aan dat ze iemand ontmoet hebben die echt luisterende naar wat ze zeiden en dat ze over zichzelf leerden door hun eigen spreken te horen. Hierdoor werden ze geconfronteerd met aspecten van het verlangen. Ze begonnen zichzelf te zien in een nieuw licht en stelden zichzelf de vraag wat ze echt wilden. Vol spreken maakt duidelijk dat het verlangen niet kan gereduceerd worden tot de controle van het ego en dat aspecten van de subjectiviteit die eerst werden ontkend, erkend moeten worden.

In ons **derde hoofdstuk** brengen we de factoren in kaart die relevant zijn voor persoonlijke verandering in een Lacaniaanse geïnspireerde psychoanalytische therapie, uitgaande van hoe Lacaniaanse psychoanalytici denken over de psychoanalytische therapieën die ze hadden gevoerd. Aan de hand van interviewgegevens over hoe deze psychoanalytici het therapeutische proces van hun patiënt hebben ervaren en wat hun rol in dit proces was, hebben we opnieuw een thematische analyse toegepast. Vanuit deze analyse gingen we op zoek naar wat er volgens hen voor verandering heeft gezorgd voor hun patiënten. We onderscheiden drie thema's die we interpreteerden vanuit de Lacaniaanse discours Theorie. Ten eerste lag voor de analytici de focus op het verschuiven van een symptoomgerelateerd lijden naar een zelfgestuurde epistemische vraag. Op deze manier provoocerden de analytici een hysterisering van het discours van hun patiënten. De psychoanalytici presenteerden zichzelf als een object,

waarmee ze de dimensie van het niet-gearticuleerde incarneerden en nodigden zo uit tot vrije associatie, waardoor de patiënten meesterbetekenaars konden produceren. De deelnemende analytici gingen uit van een Lacaniaanse structurele diagnostiek (neurose, psychose en perversie). Die diagnostiek diende enkel als een startpunt voor een persoonsgerichte casusconstructie. Als zodanig illustreerden Lacaniaanse psychoanalytici dat, hoewel zij over de theoretische kennis beschikken, de kern van de zaak de singulariteiten zijn, de meesterbetekenaars die in het discours van de patiënten verschenen. Hoewel de kennis van de analytici met betrekking tot psychoanalyse en psychopathologie duidelijk werd geïllustreerd tijdens de interviews en hun handelen tijdens de behandeling motiveerde, hebben ze hun hypothese nooit met de patiënt besproken. Dit komt overeen met de veronderstelling dat casusconstructies nooit de singulariteit van de casus vatten en dat de analyticus ervoor moet zorgen dat de singulariteit van de patiënt kan verschijnen. De analytici gaven aan dat het moment waarop patiënten meesterbetekenaars, de betekenaars die hun subjectiviteit markeren, begonnen te reproduceren, ook het moment is waarom ze een nieuwe manier konden vinden om zich te verhouden ten aanzien van deze betekenaars. Bovendien gaven de analytici aan dat supervisie, of het spreken over hun patiënten, van belang was bij het werken met hun patiënten. Deze laatste conclusie deed ons besluiten het proces van Lacaniaans geïntegreerde supervisie meer in detail te bekijken.

Hoewel supervisie dus essentieel lijkt te zijn, is er nauwelijks onderzoek gedaan naar supervisie geïntegreerd vanuit een Lacaniaans perspectief. In een breedschalig literatuuroverzicht over psychoanalytische supervisie vond Watkins slechts één academisch artikel over Lacaniaanse supervisie. Deze bood echter geen klinische richtlijnen voor de gesuperviseerde of de supervisor. Aangezien supervisie niet alleen een invloed heeft op de gesuperviseerde (verhoogde arbeidstevredenheid, het verminderen van burn-out bij de therapeut, professionele ontwikkeling), maar ook een invloed heeft op de patiënt (effectievere therapie, symptoomreductie) en zorgt voor een meer ethische praktijkvoering van therapeuten, lijkt het noodzakelijk dat dit op een meer systematische manier bestudeerd wordt. Dit is dan ook de inzet van ons derde en vierde hoofdstuk.

In ons **vierde hoofdstuk** bespreken we verschillende belangrijke ideeën over Lacaniaans geïntegreerde supervisie: de analyticus gevoelig maken voor de Symbolische dimensie van het onbewuste, gevoelig worden voor de samenhang tussen taal en jouissance en zich aanwezig kunnen stellen in zijn analytische praktijk. Betreffende de Symbolische component van het onbewuste, suggereert Lacan dat men zich moet concentreren op het

spreken en de betekenaars. Hij geeft aan dat de focus van supervisie ‘het onbewuste zoals gestructureerd als een taal’ is en schuift het idee naar voor dat we het onbewuste alleen kunnen begrijpen door de discontinuïteiten in het verhaal van de patiënt te onderzoeken. Als analyticus kan men verblind worden door de dagelijkse relatie met de analysant, die functioneert immers als een denkbeeldige spiegel waarin we de ander en onszelf herkennen. Supervisie heeft als doel de analyticus gevoelig te maken voor de Symbolische dimensie van het spreken (d.w.z. voor dubbelzinnigheden en onverwachte connotaties en zo een buffer te vormen tegen die denkbeeldige spiegel). Het doel van supervisie is om een ‘tweede gehoor’ of een derde punt in de relatie tussen analyticus en analysant aan te bieden. Deze benadering stelt ons in staat de opmerking van Lacan (1976 [1975]) te begrijpen dat we het moeten hebben over ‘super-audition’ in plaats van ‘super-vision’. Wat betreft de kwestie ‘gevoelig te worden voor de samenhang tussen taal en jouissance’, komt Lacan in zijn drieëntwintigste seminarie expliciet terug op de kwestie van supervisie. Op dit punt vertrekt zijn werk niet langer alleen van het idee van ‘het onbewuste gestructureerd als een taal’, maar ook van de complexe theoretische notie van *lalangue*, wat verwijst naar de a-semantische kant van de taal. Wanneer een analyticus intervenueert moet hij niet alleen de productie van betekenis stimuleren, maar onderzoeken hoe de analysant omgaat met de onzinnige jouissance en overschakelen naar ‘het betekenisloze lezen’ (Miller, 1996).

Deze ideeën bevatten de twee fasen die Lacan in het supervisieproces heeft onderscheiden: de ‘fase van de neushoorn’, waar hij analytici aanmoedigt om hun eigen ‘beweging’ of inspiratie te volgen. Een van de doelen van de neushoorn te laten razen is om Imaginaire identificaties met de supervisor te voorkomen. Het doel van supervisie is het ondersteunen van de analytische interventie op een punt waar er geen handleiding is. Zonder een handleiding moet de analyticus ervoor zorgen dat zijn spreken ‘creëert’ en supervisie zou dat moeten vergemakkelijken. Dit is de reden waarom Lacan niet van de term ‘controle-analyse’ hield: supervisie hoeft niets anders te ‘controleren’ dan de mogelijkheid voor de supervisor om creatief te zijn. De tweede fase betreft de ‘fase van de woordspeling’: het bestaat uit het spelen op de equivoque die iets van het sinthoorn zou kunnen bevrijden. Er moet iets in de betekenaar zijn dat resoneert (Lacan, 2005 [1975–76], p. 9). Nogmaals, dit volgt het standpunt van Lacan op analytische praktijk en het symptoom, gericht op ‘weten hoe te lezen’, en dus een aanvulling op de ‘het goed zeggen’ of ‘vol spreken’ dat aanwezig was ten tijde van ‘Fonction et Champ’. Wij suggereren dat er een derde fase kan worden onderscheiden, dit met betrekking tot de uitdaging van het incarneren van de positie van het zogenaamde object *a*. Het

object *a* is een element dat verder gaat dan de talige representatie, dat substantie geeft aan sessies. 'Incarneren van het object' was belangrijk voor Lacan in supervisie.

Vervolgens, verder bouwend op onze conceptuele studie in hoofdstuk vier, werken we in **hoofdstuk vijf** uit hoe Lacaniaans georiënteerde supervisie dagelijks wordt uitgeoefend. Deze studie beoogt het in kaart brengen en interpreteren van wat er op het spel staat in een supervisie die georiënteerd is op het onderwijs van Lacan. Met behulp van een thematische analyse hebben we vier thema's onderscheiden, die telkens een bepaalde strategie bevatten die door de supervisor gebruikt wordt. Uit deze themas's blijkt dat supervisie hen helpt bij het construeren van een casus, terwijl er een verschuiving van een structurele kliniek (neurose, psychose, perversie) naar de singulariteit van een casus mogelijk werd gemaakt. Supervisie richt zich op wat strikt enkelvoudig, uniek en niet reproduceerbaar is in het discours van de analysant.

De analytici kozen hun supervisor vanwege hun klinische expertise en een persoonlijk aspect dat de deelnemers aansprak. In plaats van een meesterfiguur of coach te ontmoeten, vonden ze een plek om hun klinische praktijk verder uit te werken en hun eigen klinische know-how uit te breiden. Deelnemers gaven aan dat Lacaniaans georiënteerde supervisoren zich richten op de Symbolische dimensie van taal, dit om te voorkomen dat ze vast komen te zitten in het bedrog van het Imaginaire, waardoor de illusie wordt vermeden dat ze weten wat ze moeten doen. Ten slotte richt supervisie zich op de besproken casus, niet op de casus van de gesuperviseerde zelf, wat wijst op een duidelijke opsplitsing tussen hun supervisie en hun eigen psychoanalyse. Waarbij die laatste de plaats is waar de persoonlijke zaken die in supervisie verschijnen kunnen worden besproken.

Met behulp van 'Direction de la cure et les principes de son pouvoir' (1966 [1957]) als theoretisch kader, concluderen we dat Lacaniaans georiëntereerde supervisie inderdaad geen rekening houdt met de tactiek van hoe te interpreteren. Lacaniaans georiënteerde supervisoren treden niet op als experts die zeggen wat de gesuperviseerde in een bepaald geval moet doen of hoe men de analysant moet interpreteren. De gesuperviseerde is hier vrij in. De supervisoren richten zich meer op de strategie, namelijk de Symbolische dimensie van de taal en hoe de gesuperviseerde zich vervolgens in de overdracht kan positioneren, in navolging van de besproken structurele diagnose (neurose, psychose, perversie). Deelnemers gaven ook aan dat de supervisor zich naast deze structurele diagnose concentreert op de singuliere aspecten van de casus. De supervisor is er om de misleiding van het Imaginaire tegen te gaan, en zorgt ervoor dat de supervisant zich concentreert op het volle spreken: de discontinuïteiten, formaties van

het onbewuste... in het discours van de analysant. Aan de basis van de vier besproken strategieën ligt een politiek van het 'gebrek-aan-zijn'. Omdat de supervisor voorkomt dat de supervisant vast komt te zitten in valse ideeën of in de eigen veronderstelde kennis, zal hij zich richten op het 'gardez-vous-de-comprendre'. Hij zal het tekort in de Ander openhouden en ervoor zorgen dat het anders zijn van de Ander, de singulariteit van de analysant kan verschijnen. De supervisor verstoort op een bepaalde manier de uitwerkingen van het ego van de gesuperviseerde, die denkt dat hij 'weet'. Als zodanig is het wakker schudden van de gesuperviseerde, hem verrassen en scherp houden een van de functies van supervisie. Het gevaar van het terugvallen op het Imaginaire is altijd aanwezig en bijgevolg is toezicht hierop een nooit eindigend proces.

Ons **zesde hoofdstuk** poogt de verschillende voorgaande hoofdstukken te integreren en in discussie te brengen met elkaar. We geven eveneens een aanzet voor verder onderzoek.

We bespreken eerst de gebruikte methodologie van kwalitatief onderzoek, meer specifiek thematische analyse. Dit bleek een zeer vruchtbare methode te zijn om grip te krijgen op wat er gaande was in het therapeutische proces. Ze sluit eveneens goed aan bij onderzoek vanuit een psychoanalytisch perspectief, daar het de nadruk legt op het spreken van de participanten. Voorbij de kwalitatieve analyses illustreren onze interviews ook dat elke individuele casus als een uniek geval moet worden beschouwd, waaruit we specifieke dingen kunnen leren over het proces van psychotherapie. Deze inzichten zijn onmogelijk te detecteren wanneer we onderzoek beperken tot kwantitatieve metingen. Dit toont het belang aan van individuele case studies om meer te leren over de veranderingsprocessen en hoe dit gebeurt. Case studies stellen ons in staat om inzicht te krijgen in problemen of processen van de behandeling die zo zeldzaam zijn dat ze simpelweg niet in groepsonderzoek voorkomen.

Ten tweede integreren we de resultaten van ons tweede en derde hoofdstuk. Hier vonden we een grote overeenkomst tussen de getuigenissen van de ex-analysanten en de analytici. De analysanten gaven aan dat, tot hun verbazing, de therapie niet gericht was op de crisis waarmee ze zichzelf presenteerden. De analyticus installeerde voor hen een praktijk van vrij spreken en legde de focus op dit spreken. Hierdoor werden de analysanten zelf zeer aandachtig voor hun eigen spreken. De analytici positioneerden zich in het analytische discours, concentreerden zich op het spreken van hun patiënten, ondersteunden dit spreken en zorgden voor een actieve reflectie, met de nadruk op verbanden en herhalingen die via dat wat gezegd werd verscheen. Met hun stijl van luisteren stimuleerden de analytici dit proces. Alle deelnemers benadrukten dat ze verrast waren door de gedetailleerde aandacht en relatieve stilte van de analytici,

waardoor ze op een andere manier naar wat ze vertelden konden luisteren. Als zodanig geven we in de discussie ook aan dat stilte een belangrijk concept is in de Lacaniaanse psychoanalyse en verder moet worden onderzocht.

Ten derde presenteren we een integratie tussen de stadia die worden besproken in onze theoretische paper over supervisie uit hoofdstuk vier (de fase van de neushoorn, de woordspeling en de aanwezigheid van het lichaam), de concepten besproken in hoofdstuk vijf (tactiek, strategie en politiek) en onze interviewstudie uit hoofdstuk vijf. De supervisoren concentreerden zich niet op interpretaties en lieten ze zo de neushoorns hun gang gaan. In hun hoedanigheid als neushoorns worden supervisanten aangemoedigd om hun eigen beweging of inspiratie te volgen. Het belangrijkste is dat analytici vrij zijn in hun tactiek, zolang ze zich positioneren in de Symbolische dimensie van overdracht. Een supervisor kan en zal niet zeggen wat een interventie zou moeten zijn, net zoals hij niet weet wat het effect is van een interventie. Op een bepaalde manier ondersteunt de supervisor de supervisant door stil te zijn, te luisteren en door het luisteren van de analyticus te verschuiven van het Imaginaire naar het Symbolische (de woordspeling). Aangezien het gevaar om terug te vallen op het Imaginaire altijd aanwezig is, is supervisie een nooit eindigend proces.

Ten vierde bespreken we hoe onze bevindingen een implicatie hebben op de 'vorming van de analyticus'. Aangezien supervisie een deel uitmaakt van de vorming van analytici is dit opgenomen in de vorming van verschillende psychoanalytische instituten. Supervisoren nemen deel aan de evaluatie van analytici en sturen hun beoordelingen over de voortgang van de kandidaat naar een onderwijscommissie die toezicht houdt op de vorming van de analyticus. Dit evaluatieve aspect van supervisie lijkt over het algemeen afwezig te zijn in Lacaniaanse instituten. Onze onderzoeksresultaten geven ook aan dat het cruciaal is dat men vrij is om zijn eigen supervisor te kiezen. Door de afwezigheid van enige vorm van evaluatie creëren supervisoren een veilige plek om ideeën en constructies over een casus te bespreken. Een merkwaardig maar essentieel detail was dat de deelnemers aangetrokken waren door een specifieke eigenschap, eigen aan de supervisor. Er lijkt hierbij iets van de drift op het spel te staan (een blik, een glimlach, enthousiasme, strengheid...). Dit roept een overdracht op, buiten de veronderstelling van een klinische expertise. Wanneer men supervisoren toewijst, of een lijst met keuzes aanbiedt, negeert men deze dimensie. Dit maakt supervisie minder productief. Hoe belangrijk supervisie ook is voor het klinisch werk, onze deelnemers verwezen ook naar andere zaken die relevant zijn in hun vorming als analyticus: er is de analyse zelf, maar ook de externe supervisor op de psychiatrische afdelingen waar sommigen van hen aan het werk waren; er is de ervaring van het werken met analysanten en de vormende effecten hiervan; het belang van

klinische presentaties en casuspresentaties; werken in theoretische of klinische kartels; het bijwonen van studiedagen en conferenties; het lezen van casussen; het schrijven van casussen en theoretische uitwerkingen. Deze onderscheiden zich in het algemeen van supervisie, met analyse als de belangrijkste. Een veelbelovende onderzoekslijn zou zijn om zich te concentreren op deze verschillende vormingsmogelijkheden.

Ten vijfde bespreken we de belangrijkste betekenaar die in de voorgaande hoofdstukken verscheen: verrassing. Bijna in elk interview (de analysanten, de analytici en de supervisoren) kwam het element van de verrassing naar voor. De analysanten ervaarden een ‘verrassende reframing’, waarbij het symptoom waarmee ze zich presenteerden niet de kern bleek te zijn van wat er gaande was; ze waren verrast door het inzicht dat ze hadden opgedaan doordat verschillende aspecten van hun verhaal aan elkaar werden gekoppeld; het verbaasde hen dat ze bleven stilstaan bij specifieke thema's en werden geconfronteerd met de vraag: ‘als dit steeds weer terugkomt, wat zal ik ermee doen?’ Ze waren verbaasd dat ze dingen op een andere manier begonnen te zien, dingen waar ze nooit zo over dachten. Deze verrassing werd verwelkomd door hun analyticus en deze schuwde de effecten hiervan niet. Het duidde op discontinuïteiten in het spreken, het markeert waar het ego faalt, de plaats van het onbewuste en dus ook van het subject. De analytici moedigden hun patiënten aan om dieper in te gaan op deze verrassingen.

We argumenteren dat verrassing plaatsvindt wanneer een misleidend aspect van het Imaginaire wordt gecounterd, wanneer iets van de verwachte continuïteit wordt verstoord. Verrassing gaat de functie van het Imaginaire tegen waarin men vastloopt. Een Lacaniaanse psychoanalyticus focust op de discontinuïteiten in het spreken, wijst op datgene wat niet lukt, markeert de plaats van het onbewuste en dus ook van het subject. De analyticus richt zich niet alleen op het uitgesproken verhaal, maar ook op de daad van het uitspreken zelf, waarbij discontinuïteiten die de analysant verrassen, naar voren komen. De versturende kracht van een verrassing betekent dat het ego niet op twee fronten tegelijk kan vechten. Het kan niet tegelijkertijd onbewust associatiemateriaal blokkeren, alsook reageren op wat onvoorzien was. Als zodanig moet er zowel op het niveau van de analysanten als van de analytici een zekere wens zijn om verrast te worden, om zich te laten verrassen.

Ten slotte hebben we verschillende suggesties voorgesteld voor toekomstig onderzoek. Omdat onze deelnemers nauwelijks gewag maakten van formaties van het onbewuste, stelden we voor om de formaties van het onbewuste die in therapieën voorkomen, van naderbij te bekijken en zo te bestuderen wat hun exacte functie zou kunnen zijn. Een andere piste is het bestuderen van het begin van de behandeling en te onderzoeken hoe beginvragen veranderen doorheen de kuur. Ex-analysanten ervaarden een ‘verrassende reframing’, terwijl de analytici

zich richtten op de ‘hysterisering van het discours’. Beiden leken cruciaal en het bleek dat onze deelnemers de analyse gestart zijn met een zelfgestuurde epistemische vraag. Ze overwogen snel hun eigen implicatie in hun symptomen. Een diepgaande studie van dit preliminaire werk lijkt essentieel en kan voor clinici zeer nuttig zijn. Aanvullend bespraken we een van de grootste beperkingen van onze studies: het feit dat al onze deelnemers (ex-analysanten, analytici en supervisanten) een zeer positieve overdracht hebben op de Lacaniaanse psychoanalyse en supervisie. We stellen daarom voor dat toekomstig onderzoek baat kan hebben bij het gebruik van een steekproefstrategie die zorgt voor deelnemers met een genuanceerder scala aan ervaringen (bijv. positief, negatief, apathisch). Met zo'n steekproef kunnen we mogelijke redenen onderzoeken waarom de patiënten vonden dat hun therapie niet werkte en deze gegevens vergelijken met de bevindingen uit de huidige studie. Daarnaast, in termen van de Lacaniaanse structurele benadering van de diagnostiek, getuigen de meeste interviews die we bestudeerden van de klinische structuur van neurose. We veronderstellen dat, als men zich op psychose zou concentreren, er een meer interactieve en gemoedelijke stijl zou kunnen worden gevonden in de inrichting van de sessies (Strubbe & Vanheule, 2014; Vanheule, 2017). Het zou ons echter interesseren om een duidelijke opsplitsing te maken tussen de psychische structuren en deze verschillende processen nader te bekijken.

Ter afronding van dit proefschrift halen we aan dat we er sterk van overtuigd zijn dat de dialoog met andere therapeutische scholen over het proces van psychotherapie, wat patiënten en therapeuten zeggen, in plaats van het vergelijken van getallen, cruciaal is. Wat zouden de resultaten zijn van een thematische analyse op interviews met patiënten die een systemisch- of gedragsgerichte psychotherapie hebben afgerond? Hetzelfde geldt voor supervisie vanuit andere psychoanalytische scholen, maar bijvoorbeeld ook vanuit systeem- of gedragsperspectief. Welke verrassingen zijn daar te vinden?

Referenties

- Kazdin, A.E. (2007). Mediators and Mechanisms of Change in Psychotherapy Research. *Annu. Rev. Clin. Psychol.*, 3, 1-27.
- Lacan, J. (1966 [1953]). The Function and Field of Speech and Language in Psychoanalysis. In *Ecrits* (pp. 197–268). [English ed. translated by Bruce Fink (2002)]. New York, NY: Norton.
- Lacan, J. (1966 [1957]). Direction of the Treatment and the Principles of Its Power. In *Ecrits*

- (pp. 489- 542). [English ed. translated by Bruce Fink (2002)]. New York, NY: Norton.
(Original work published 1957)
- Lacan, J. (1976 [1975]) Conférences et Entretiens dans des Universités Nord-Américaines: Columbia University. Scilicet, 6/7, 42–52.
- Lacan, J. (2005 [1975–76]) Le Séminaire XXIII: Le Sinthôme. Paris: Seuil.
- Malengreau, P. (2008). Les Pouvoirs de la Parole Analysante. (pp. 63-122). Ce Qui est Opérant dans la Cure. Éditions érès. Toulouse.
- Miller, J.-A. (1996) L'interprétation à l'envers. *La Cause Freudienne* (32): 9–13.
- Miller, J.-A. (2011) Reading a symptom. *Hurly-Burly*, 6, 143–52.
- Strubbe, G., & Vanheule, S. (2014). The subject in an uproar: A Lacanian perspective on panic disorder. *Journal of the American Psychoanalytic Association*, 62, 237–266.
<http://dx.doi.org/10.1177/0003065114527616>
- Watkins, C.E. Jr (2019). Convergence, commonality, and context in psychoanalytic supervision. *The Scandinavian Psychoanalytic Review*. doi: 10.1080/01062301.2019.1623532.

FACT SHEETS

Data Storage Fact Sheet Chapter 2

Name/identifier study: Lacanian Talking Therapy Considered Closely: A Qualitative Study

Author: Dries Dulsster

Date: March 19 2020

1. Contact details

1a. Main researcher

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2. Information about the datasets to which this sheet applies

* Reference of the publication in which the datasets are reported:

Dulsster, D., Vanheule, S., Cauwe, J., Ingouf, J., Truijens, F. (2019). Lacanian Talking Therapy Considered Closely: A Qualitative Study. *Psychoanalytic Psychology* (36/1), p. 19-28

* Which datasets in that publication does this sheet apply to?:

Interview data of the 6 participants in the study

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Data Storage Fact Sheet Chapter 3

Name/identifier study: Lacanian Talk Therapy Considered Closely Through the Analytic Discourse

Author: Dries Dulsster

Date: March 19 2020

1. Contact details

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2. Information about the datasets to which this sheet applies

* Reference of the publication in which the datasets are reported:

Dulsster, D., Vanheule, S., Cauwe, J., Ingouf, J., Hennissen, V. (Xxxx).

* Which datasets in that publication does this sheet apply to?:

Interview data of the 5 participants in the study

3. Information about the files that have been stored

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Data Storage Fact Sheet Chapter 4

Name/identifier study: On Lacan and Supervision: A Matter of Super-Audition

Author: Dries Dulsster

Date: March 19 2020

1. Contact details

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* No data was gathered for chapter 4, as the article concerns a conceptual study.

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Data Storage Fact Sheet Chapter 5

Name/identifier study: Lacanian Supervision Considered Closely – A Qualitative Study

Author: Dries Dulsster

Date: October 16th 2019

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2. Information about the datasets to which this sheet applies

* Reference of the publication in which the datasets are reported:

Dulsster, D., Vanheule, S., Hermans, G., Hennissen, V. (Xxxx). Lacanian Supervision Considered Closely: A Qualitative Study. Journal of American Psychoanalytic Association.

* Which datasets in that publication does this sheet apply to?:

Information data of the 10 participants in the study

3. Information about the files that have been stored

3a. Raw data

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* Who has direct access to the raw data (i.e., without intervention of another person)?

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3b. Other files

* Which other files have been stored?

- file(s) describing the transition from raw data to reported results. Specify: ...
- file(s) containing processed data. Specify: files containing (first) open codes per participant (anonymized data)
- file(s) containing analyses. Specify: Excel file with overview of themes.
- files(s) containing information about informed consent
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