

Becoming a psychoanalyst: supervision as a central moment of training

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ABSTRACT. – Psychoanalytic supervision has not long since become regarded as the most significant moment of training, due to its ‘in the field’ characteristics that distinguish it from both personal analysis and theoretical seminars. The supervisor, in his or her capacity as a theory and clinical expert, aims to stimulate in the student the ability to develop clinical reasoning through his or her own experience in the relationship with the patient in a care context. By understanding and exploring his/her own configurations in more depth, a young analyst can grasp those aspects of the patient which are structured on unconscious determinant factors that initially escape awareness. In order to perform this task, it is first necessary that the analyst who wants to become a supervisor has a clear understanding of the concepts referred to in his/her clinical practice. Moreover, it is essential that he/she solicits the emotions and reflections of the supervisee, not only by proposing his/her own theory or using the techniques that he/she would follow when supervising a case. The Author then lists the purposes that she believes should be pursued in the activity of supervision, concluding that, in order to be truly educational, supervision must transmit to the young clinician a self-reflective method of knowledge, that guides the clinicians to recognize themselves in what they say and do with their patients.

Key words: supervision, training, complex systems, subject, identity, intersubjectivity.

The topic of training is central to the experience of every psychoanalyst. Everyone understands that training is a process to which one can never put an end, a full stop – at most we can place a semicolon, as one of my witty young students so clearly noted - therefore, it will last as long as one’s life.

This thought may be, even obscurely, experienced with anxiety at the beginning of one’s professional activity, but becomes a warm feeling of security as life progresses: it is not necessary to ‘know’ everything, to be able to make accurate diagnoses at first glance, to know the ‘normal’ and ‘pathological’ functioning of human beings, to immediately propose redeeming truths.

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What one understands of oneself and of the other is part of a process that will expand and deepen over time and, above all, we do not proceed in solitude in search of an ever greater understanding of ourselves and the world: we are always together with either our patient or the peer community who shares tensions and achievements with us.

In this article, I will not go into the history of the concept of supervision, for which I refer to a previous paper of mine (Tricoli, 2018), but I will concentrate on proposing some reflections on the current state of the matter, reiterating that the substance and form of the supervisory meeting are closely related to the supervisor's own reference theory. It is necessary, therefore, that the supervisor be well aware of the theory that follows, which usually tends to remain implicit.

Training through supervision

To go to the heart of the issue, it must first be noted that supervision has not long since become central to training: perhaps only since it was given due consideration in the Working Parties of the *Fédération Européenne de Psychanalyse*, (Foresti, 2017). Although it has always been argued that, for training purposes, personal analysis and learning through supervision were far more crucial than theoretical seminars. It seems to me, in fact, that supervision has been the Cinderella of the three training pillars of the classical model, having been reduced to a means of ensuring the uniformity of the pupil to a certain theoretical model and to a certain Psychoanalytic Society. It was not by chance that it was initially called 'controlled supervision', meaning control over the skills acquired by the young analyst; in reality, control of an indiscriminate loyalty to the Freudian model was interpreted by the International Psychoanalytic Association (Kernberg, 2000). All this is understandable when one considers the initial impossibility of questioning the Freudian theoretical system, as evidenced by the defections of prominent analysts that followed. As it was unthinkable to exercise critical reflection on the theory, training focused only on technical learning, which became the characteristic trait of psychoanalysts, becoming rigid on norms that Freud had actually been elastic on. On the other hand, the method, as an application of the theory, had already been clearly defined as the operation of bringing to light repressed material that was trying to find its way to consciousness. It was thought of as events, coinciding with contents that had to find a way to be put into words. There was no theoretical space to think of a Subject that structures, according to his/her own extremely variable modalities, meanings in relationships and consolidates them until they are proposed again unchanged in all subsequent situations of relationship.

Theoretical premises

A theory of the Subject, as opposed to Drive theory, has been defined in the scientific landscape very slowly and in small steps, often hidden even from those who proposed them, starting with the Independents of the British School (Rayner, 1995), continuing with the theories of Nonlinear Dynamic Systems (Thelen and Smith, 1994) and even with the current acquisitions of Neurosciences that integrate the ‘human system’ into the wider dimension of the ‘natural system’ (Northoff, 2021), the latter is a reality in perpetual movement and complexification. As far away as we are today from a theoretical positivistic perspective and immersed in the experience of a fluid reality that requires us to combine aspiration to individual affirmation with the uncertainty of life, we urgently feel the need to define, in a caring relationship, who we are as subjects in constant interaction with other subjects and what prospects we have of a full realization of ourselves, that is not overwhelming or a narcissistic affirmation.

The difficulty of an individual definition, which we all experience at various levels, is the cause of discomfort, if not of pathology. It is necessary to formulate a constitutive theory of the Subject, of his/her aspirations and goals, in order to define a method that allows him/her to pursue and transmit them. This is true in all fields of knowledge; but it is particularly true in the psychoanalytic field, where training, excluding personal analysis, is based on the transmission of a theory and various techniques, and almost never on the definition of a method. In relation to the lack of a method, M.I. Marozza (2012, pg.16), inspired by Jung, stated that the purpose of training is not to learn a specific theory, but ‘to learn to think psychologically, using one’s own experience, in all its facets, as the source and food for thought.’ Marozza points out, therefore, the lack of a method appropriate to a subject who places himself/herself as active toward reality, not as a passive container in which to transfer contents, no matter how enlightening they may be.

For example, with this in mind, the Psychological Sciences Research Institute of the Catholic University of Leuven in 2021 felt the need to conduct empirical research on clinical reasoning to guide psychoanalysts in their work. It concluded that it does not consist in applying the dictates of a reference theory, but in using conceptual and reflective functions specific to the Subject, always present and operating at both formal, implicit, and procedural levels, regardless of theoretical orientation (Polipo *et al.*, under review).

I believe that this does not mean that the reference theory does not have its weight, but rather that the theoretical principles are taken in and formally reformulated in relation to the certainties and values that already constitute the basic organizers of the therapist. The conclusions to which this intelligent and meditated research comes – relativizing, in the clinical reasoning that guides the intervention, the role of the theory in favor of both formal and pro-

cedural knowledge specific to the individual – marks a point for the side of the need to recognize the subject aspects that guide beliefs and behaviors, beyond explicit adherence to the theory behind one's own training.

All of this has a radical influence on training. Personal beliefs or values derive from the historical, social, and family context in which each individual has lived but have found expression and been consolidated in the course of their lives according to individual experience. Most of them remain implicit, influencing each person's beliefs and thoughts, including those about the appropriate care processes that promote individual or social well-being. Only then does our system of values, whose roots can never be understood, even if they are the subject of continuous awareness on the part of every psychoanalyst, become formalized in adherence to a psychological theory, which becomes a treatment method. What matters in training is, therefore, to induce in the supervisee the taste of continuous self-discovery, which is never definitive and always new in some way.

As I mentioned before, revisions of Freudian theory in the psychoanalytic field and contributions from other fields, such as the Jungian one, and even the current achievements of neuroscience, push toward the conceptualization of a *unitary subject that is always becoming* (Cozzaglio, 2014; Tricoli, 2018). This implies abandoning the idea of a fluid subject, which today is very seductive, especially for fear of metaphysical reification; it also implies overcoming that 'relational' vision of the human being consisting of fragments of experience determined by the momentary relationship with the other (the multiple self-states of North American psychoanalysis).

Based on the concept of a 'system' as a physical and functional unit, consisting of several interacting parts in relation to each other and in interaction with other systems, for a common purpose that identifies it, as proposed by Complexity Theories, living systems can be described as self-organizing processes structured in their relationship with the environment in which they live (Maturana & Varela, 1980). In this context, the human subject can be seen as an organized system endowed with reflexivity as its species-specific characteristic. *The reflective skill* is the function that permits us to reflect on ourselves by distinguishing ourselves from the object and, consequently, making choices, but relating them to the level of subjectivity achieved. In this subject-object dialectic, which is always dichotomic, we define the perception of stability of the human being, which maintains its *sense of identity*, beyond variations in personal mood or emotions in response to the outside. At the same time, precisely because of the changing relationship with the outside, the identity contents of the subject change and transform continuously or become more rigid in maintaining the already-known self-perception. *Becoming*, on the basis of a perception of unity, then becomes specific to the human being, that integrates into ever more significant unity aspects of the self that turn out to be complex. However, these aspects also simplify them-

selves, becoming increasingly evident to the subject himself/herself. In this way, a sense of self is built that is constantly affirmed and lost, expressing oneself in a synthesis that is increasingly self-aware, in a process that is continuously being deconstructed of the coherence achieved and constructed in a new more significant coherence.

As a *complex system*, the Subject continuously self-regulates and heteroregulates to maintain a dynamic balance between chaos and immobility (Sander, 2002). The external reality, which is different, appears to the subject as chaos, with no sense, or alienness, as a disintegration of the psychic system itself, which must remain stable in order to carry out its perceptual, elaborative, and implementing functions. The mind is kept open to reality in order to have an operative plan on it, protecting itself from entering an unmanageable chaotic dimension. Confrontation with the other is never without conflict, understood in the broadest sense, precisely because in the relationship there are systems of meaning at stake, built on pre-reflective experiences, which tend to maintain themselves, becoming rigid in defense of what is perceived as *coherent identity*. The human condition of life always takes place in the presence and with the stimulus of the other, who with his/her diversity urges us to maintain a stable image of ourselves or to open up to the new by transforming ourselves. If the new, as every external stimulus, is understood as destructuring, the subject, due to the need to maintain his/her consistency (Tronick, 1998), becomes rigid on its own system of structured meanings. In these situations, which constitute the 'normality' of life, the interruption of the evolutionary process appears through discomfort that is identified as a cause of malaise and unhappiness both for the subject and for those who live next to him/her.

The process of identification and *intersubjectivity* are not mutually exclusive but are inseparable moments in the becoming of the human subject, in which the continuous transition from the unconscious modes of perception to the conscious ones has a fundamental role of synthesis and momentum. The *unconscious* is here understood as a system of dynamic self-regulation, formed by neural interconnections between all brain regions, operating beyond conscious levels throughout life. From it gradually emerge the conscious states of the self, such as ideation, intent and behaviours. Everything that is emotionally and perceptively shaped at the beginning of life in relation to environmental stimuli, before the appearance of the reflective ability, cannot be elaborated mentally. At the appearance of the reflective ability, these experiences are organized into ideations and beliefs specific to the subject, whose origin inevitably remains unconscious. Ideations and beliefs, implicitly learned from the environment since birth, then determine conscious beliefs and behaviours.

The subject is thus conceptualized in *the unity of its becoming*, as the result of a synchronic and diachronic evolution: on the one hand the own evolution of the individual, on the other, the evolution in the historical context of other human beings. In this way, the reflective position of listening to oneself and

others becomes a way of life, a functional way of maintaining life. In the dialectic of thinking of ourselves as subject and thinking of the object as another subject, all played out between identity maintenance and evolutionary flexibility in the encounter with the world, the Subject presents himself/herself as *the intentional organizing principle of the experience*.

From a therapeutic and educational point of view, it is vital to identify these vicissitudes, tensions and evolutionary pressures, fears and setbacks.

The purpose of supervision

This premise is necessary in order to enter into the merits of training, both that of theoretical seminars, which cannot be limited to proposing established theories and that of clinical supervision. This last is a particularly problematic activity in the field because it involves the supervisor's inevitable transmission of his/her theory of reference from the group they belong to. It is necessary, however, not to forget that any type of training must propose above all – at least I want to assume that it is so – to arouse in the young analyst the desire and the ability to build his/her own theoretical vision, consistent with what he/she can perceive as positive values. The young therapist's meeting with his/her first patients, both during their internship and in private practice, becomes the ideal opportunity for the emergence of unconscious convictions on which he/she has organized himself/herself. Indeed, it is not conceivable, that personal analysis can completely open up a person to himself/herself, making him/her aware of the deeper roots of his/her thoughts. Certainly, personal analysis is conducted, I believe generally today, on the analyst-patient relationship, beyond the schools of origin and their specific theoretical approach. Any person analyzed, therefore, has already learned to see himself/herself in the relationship with another and to identify himself/herself in their *impasse*. However, in addition to what the young analyst has already grasped, it is far more important for him/her to see himself/herself at work at the beginning of their clinical activity, compared to the desire to reach out to the other, transform him/her and feel in turn confirmed in one's own personal abilities, even in the choice he/she made for his/her professional activity.

So, what are the aims of supervision? What does the supervisor propose to arouse in the young analyst? I will try to outline the fundamental objectives that I believe need to be achieved.

1. Recognition and abandonment of one's own '*furor sanandi*' and discovery of the 'time' dimension that is always necessary for any lasting transformation.
2. Overcoming a content view of discomfort in favour of a procedural vision in which malaise is aroused not by wrong choices, but by a block of evolutionary potential.

3. Broadening and complexifying self-awareness and self-functioning in interacting with one another, through dedicated listening to oneself and the other, both emotionally and reflectively.
4. Acquiring the certainty that one learns from mistakes, not from ideology or utopia, through an experience of pain, from which neither the patient nor the analyst should be defended from.

I do not, of course, think that these aims are exhaustive; they are what I believe to be central and potentially inclusive of other aspects. I will now try to comment on them.

With regard to point 1: a theoretical, Subject-based view, understood as a system of structured meanings in the relationship which, thanks to the species-specific capacity for self-awareness, accesses an ever-increasing integration of self-constitutive aspects, entails placing emphasis on identifying the patient's system of beliefs and values and how they manifest them in the relationship. In an intersubjective view, this is done through attentive, emotional, and reflective listening to what the other arouses in us. The young analyst must learn that immediate verbal communication of what he/she gathers from the patient and of which the patient is unaware does not result in transformations, but rather in precipitating the patient into feeling judged and misunderstood. The patient wants to feel welcomed for what he/she is at that moment in time and requires adequate time, sometimes an unbearably long amount, to grasp the dysfunctional aspects of the experiences and the behaviors that he/she implements.

With regard to point 2: very often, in order to remove the patient from the discomfort, which is at times very serious, that he/she brings into analysis with thaumaturgical expectations, the work of the young analyst focuses on the disappearance of symptoms, through interventions in favor of a specific concrete situation. These 'orthopaedic' interventions may result in crutches being abandoned, but the patient may not find the pace with which to proceed. A more functional method, with much slower results, rests on the gradual understanding of what emerges from the patient-analyst interaction so that both components of the dyad understand the implicit unconscious determinants that characterize the ongoing relationship and recognize its dysfunction in a transformative process. In supervision, the situation becomes more complex because the relationship includes three people, at different levels of relationship, two of which are asking for help. The request cannot be met by a transfer of knowledge, however useful, or by the indication of 'correct' intervention techniques, but by putting back into motion the blocked potential of each person. This happens simultaneously for the patient and analyst, certainly at different levels of complexity.

In the training session, the supervisor draws attention to what exists in the interaction: emotional tone, reticence, inconsistencies, the usual or unusual content from which the analyst felt touched, the patient's configurations which he/she considered to be non-functional and whose dysfunction is made

to emerge. It is a question of drawing attention to the observable factors that exist in the interaction, while the rationale behind the analyst's interventions must – in my opinion – be left to personal analysis. By reflecting on the intersubjective relationship, and not only on the functioning of the patient and what he/she 'repeats' in transference, one can shed light on those *impasse*-causing configurations that the young analyst does not see and on the projections and negations that hide them.

However, it is also imperative that the supervisor intervenes in the concrete aspects of the process: the creation of a setting that allows for profound and at the same time detached intervention, the way in which sessions and sittings are listened to, the constant attention to ethical aspects, the clarity of the economic aspects of the treatment and that they are respected, which is often underestimated.

With regard to point 3: it is not enough to say that it is necessary to induce the development of 'authenticity' in the young analyst in training (McWilliams, 2021). Even a murderer – Spinoza would say – is authentic in his determination to kill! Beliefs and behaviors are related to the level of individual understanding that each person has of themselves, that is, the level of integration that has been achieved between emotion and reflectivity. You only see what you are able to see, in a way that is directly proportional to the capacity for vision that has been gained. This increased integration is the objective that supervision aims to achieve, in ways that are different from personal analysis, by drawing attention to the observable aspects of the relationship between the young clinician and the patient, the interaction that does not flow or flows too much, to the difficult times or the rush to deliver results. In the words of Paulo Coelho (2017), the young therapist must learn how to bring out the patient's 'Personal Legend' by integrating or discovering new aspects of his/her own. 'Personal Legend' is a poetic and suggestive expression to understand the structural aspects of the patient, consolidated on unconscious determinants, but also on intuitions, aspirations, and plans, which are also mostly not present in consciousness.

With regard to point 4: Edgar Morin, in a 1971 television interview (quoted by F. Bellusci, 2022), states that he would like to 'be part of those who discover error, who reveal error, and not of those who believe themselves to be the depositors of truth.' I believe that the person who takes on the task of training young people must take up this maxim. By error, we mean going wrong in search of a direction that is increasingly defined over time. The concrete content of the choices made during the journey is relative and less important than recognizing a direction. The supervisor must therefore propose to the young analyst the identification of a path that goes from the initial closure of the patient in his Ego to the intersubjective opening of speaking without hesitation before another, accepting together the evolutionary stimuli. This implies that the patient's rigidities cannot be considered 'defenses', in the classical sense of the term, but rather must be seen as the ways in which

he/she has found to conduct his/her way of life, and which are now part of his/her identity. Only by bringing out the dysfunction, both in relation to others and in the image of oneself, can the patient modify them.

This process of discovering self and the motivations that have led to established behaviors involves the pain of the patient seeing themselves in their own functioning with a reflective look, before arriving at the sense of liberation linked to the perception that the recognition of one's limit through the complexification of knowledge, makes life more serene, full and creative.

The pain of the reflective gaze on ourselves characterizes the central phase of the analysis, and it is the task of the supervisor to urge the young analyst not only to recognize it but not to be scared of it, as often happens, which results in minimizing it in order to reduce the patient's suffering quickly.

In the final phase of the analysis, it is, in my view, important to realize that the analytical relationship should not last indefinitely, but that it can be concluded when the patient has sufficiently acquired a method of self-knowledge and a certain ability to move in an intersubjective dimension. It is the task of the supervisor to accompany the supervisee to go through this experience of detachment, which is always emotionally intense.

Conclusions

As I have said, supervision cannot consist in the transmission of theoretical and, to a lesser extent, technical content, since technique is a creative, always subjective, mode of the individual relational approach, the most variable part of the method. In order to be truly educational, supervision must pass on to the supervisee a method of knowledge based on the reflective experience he/she makes of himself/herself, being guided to recognize himself/herself in what he/she says and does with his/her patient.

It is essential that the supervisor, in addition to being engaged in the acquisition - which is never exhaustive - of such a method, devotes himself/herself to developing as a person some basic aspects for his/her activity: a sufficient degree of sympathy with one's self-reflecting emotions, self-loyalty, ability to live in uncertainty and the ability to recognize the other as being of equal dignity and value.

It is also important that he/she develops the qualities of a good teacher: clarity and gradual communication of clinical reasoning, the taste and pleasure of traveling with another person in an ever-progressing and never definitive knowledge.

In short, it is necessary to inspire in the supervisee the taste of an impossible profession, in which the tension toward understanding is a source of joy, not of anxiety and worries, and which, does not become like any other method of earning a living.

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