

Lacanian psychoanalytically oriented clinical-institutional supervision in public social assistance policy

A supervisão clínico-institucional de orientação psicanalítica na política pública de assistência social

La supervisión clínico-institucional de orientación psicoanalítica en la política pública de asistencia social

La supervision clinico-institutionnelle d'orientation psychanalytique dans la politique publique d'assistance sociale

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Paula Dias Moreira Penna  

She holds a degree in Psychology from Federal University of Minas Gerais (2011) and a degree in Law from FUMEC University (2016). She completed a postgraduate specialization in Contemporary Psychoanalytic Clinical Practice at PUC-MG (2013), a master's degree in Psychology from UFMG (2014), with a concentration in Psychoanalytic Studies, and a PhD in Psychology from UFMG (2022). She teaches in the undergraduate Psychology program and the stricto sensu graduate program in Law (master's degree) at FUMEC, as well as in the postgraduate specialization program in Legal Psychology at IEC (PUC-MG). She is a researcher with the PSILACS-UFMG Program (Laboratory on Psychoanalysis and the Social Bond in Contemporary Society). She previously served as a clinical supervisor for the Belo Horizonte municipal government within SUAS.

Andréa Máris Campos Guerra  

She holds a degree in Law from Federal University of Juiz de Fora (1994), a degree in Psychology from Juiz de Fora Center for Higher Education (1995), a master's degree in Social Psychology from Federal University of Minas Gerais (2000), and a PhD in Psychoanalytic Theory from Federal University of Rio de Janeiro, including a period of advanced study at Université Rennes II (2007). She is currently an Adjunct Professor in the Department of Psychology and the Graduate Program in Psychology at UFMG.

Abstract

This article aims to describe the role of Lacanian psychoanalytically oriented clinical-institutional supervision in public social assistance policy. It begins by contextualizing public social assistance policies through a concrete experience. It then presents the theoretical contributions underpinning this reflection – primarily the ethics of Lacanian psychoanalysis, the concepts of the subject of desire and demand, and the contributions of authors such as Jacques Lacan, Sônia Altoé, and Alain Badiou – to discuss the role of supervision at the intersection of the subjective dimension and sociopolitical structures. Drawing on case excerpts, the article reflects on how public institutions can serve as symbolic vehicles for intervention and benefit from a psychoanalytically informed approach to supervision. Rather than engaging in a debate over whether clinical practice constitutes a social strategy, the purpose is to bear witness to a model of practice that enhances public policies on social assistance and care.

Keywords: supervision, social assistance, vulnerability, public policies.

Resumo

Este artigo tem como objetivo relatar a função da supervisão clínico-institucional de orientação psicanalítica lacaniana na política pública de assistência social. Para isso, iniciou-se pela contextualização das políticas públicas de assistência social a partir de uma experiência concreta. Em seguida, foram apresentados os aportes teóricos que fundamentam a reflexão — principalmente a ética da psicanálise lacaniana, os conceitos de sujeito do desejo e de demanda, bem como contribuições de autores como Jacques Lacan, Sônia Altoé e Alain Badiou — para se discutir o papel da supervisão na interface entre a dimensão subjetiva e as estruturas político-sociais.

Por meio de fragmentos de casos, refletiu-se sobre como a instituição pública pode ser veículo simbólico de operação e beneficiar-se da estratégia da supervisão aos moldes psicanalíticos. O intuito não é entrar numa disputa narrativa sobre a clínica ser ou não estratégia social, mas testemunhar um modelo de trabalho que qualifica as políticas públicas de cuidado assistencial.

Palavras-chave: supervisão, assistência social, vulnerabilidade, políticas públicas.

Resumen

Este artículo tiene como objetivo describir la función de la supervisión clínico-institucional de orientación psicoanalítica lacaniana en el ámbito de la política pública de asistencia social. Para ello, se parte de la contextualización de las políticas públicas de asistencia social a partir de una experiencia concreta. Posteriormente, se presentan los aportes teóricos que fundamentan la reflexión —principalmente la ética del psicoanálisis lacaniano, los conceptos de sujeto del deseo y de demanda, así como las contribuciones de autores como Jacques Lacan, Sônia Altoé y Alain Badiou— con el fin de discutir el papel de la supervisión en la interfaz entre la dimensión subjetiva y las estructuras político-sociales. A partir de fragmentos de casos, se reflexiona sobre cómo la institución pública puede constituirse en un vehículo simbólico de intervención y beneficiarse de la estrategia de supervisión inspirada en el modelo psicoanalítico. El propósito no es participar en una disputa narrativa acerca de si la clínica constituye o no una estrategia social, sino dar testimonio de una modalidad de trabajo que contribuye a cualificar las políticas públicas de atención y cuidado asistencial.

Palabras clave: supervisión, asistencia social, vulnerabilidad, políticas públicas.

Résumé

Cet article vise à rendre compte du rôle de la supervision clinico-institutionnelle d'orientation psychanalytique lacanienne dans la politique publique d'assistance sociale. Il commence par contextualiser les politiques publiques d'aide sociale à partir d'une expérience concrète. Sont ensuite présentés les apports théoriques qui soutiennent la réflexion —principalement l'éthique de la psychanalyse lacanienne, les concepts de sujet du désir et de demande, ainsi que les contributions d'auteurs tels que Jacques Lacan, Sônia Altoé et Alain Badiou — afin d'examiner le rôle de la supervision à l'interface entre la dimension subjective et les structures politico-sociales. L'article réfléchit à la manière dont l'institution publique peut constituer un véhicule symbolique d'opération et bénéficier de la stratégie de supervision selon les principes psychanalytiques. Plutôt que d'entrer dans une dispute narrative sur le fait que la clinique soit ou non une stratégie sociale, l'objectif est de témoigner d'un modèle de travail qui qualifie les politiques publiques de soins.

Mots-clés : encadrement, aide sociale, vulnérabilité, politiques publiques.

Traditionally, the field of public social assistance policy has maintained a distance between clinical practice and social assistance. Social interventions are, of course, intended to address situations of vulnerability and social risk that require pragmatic decisions, almost always under conditions of urgency. However, when the subject is disregarded within the social fabric, subtle aspects – often crucial to achieving the desired social transformation – may be overlooked.

In this article, rather than individualizing structural problems or assigning blame to individuals in isolation, we seek to consider situational analysis strategies capable of reshaping concrete social interventions by incorporating the drive-related and unconscious dimensions – i.e., dimensions that are structural from a subjective standpoint – alongside the dimension of the political and economic structure, which is indispensable to this analysis. We will present how psychoanalytically oriented supervision contributes to and supplements social analysis, demonstrating how objective and subjective elements intersect in the consolidation of social assistance work. When incorporated into public policies, these elements can help foster the desired changes.

We will therefore contextualize public social assistance policies through a concrete experience and subsequently explain how supervision can operate in this field. We will then develop a theoretical discussion of psychoanalytic supervision. Finally, we will consider how public institutions can serve as symbolic vehicles for intervention and benefit from a psychoanalytically informed approach to supervision.

In developing this reflection, we adopt the ethics of Lacanian psychoanalysis as our primary theoretical framework, particularly with regard to the concepts of the subject of desire, demand, and *jouissance*. This perspective is articulated with contributions from authors such as Jacques Lacan (year), Sônia Altoé (year), and Alain Badiou (year), whose formulations make it possible to critically examine the relationship between the subjective dimension and the sociopolitical structures underpinning public social assistance policy. Together with the analysis of concrete cases and the experience of clinical-institutional supervision, these theoretical contributions guide the proposed interpretation and support a commitment to

mechanisms that enable the subject to emerge beyond the universalizing logic of guarantees. Rather than engaging in a debate over whether clinical practice constitutes a social strategy, we prefer to bear witness to a model of practice that strengthens clinical work within public policies on social assistance and care.

The field of social assistance

In 2004, the National Social Assistance Policy (PNAS) was published by the Ministry of Social Development and the Fight Against Hunger (MDS), establishing guidelines and parameters for the effective implementation of the Unified Social Assistance System (SUAS). This document sought to consolidate social assistance as a legally established state policy, in contrast to paternalistic, clientelistic, and charitable practices, which, according to the PNAS (2004), “have nothing to do with public policies” (Resolution No. 145, 2004, p. 4). Article 1 of the Organic Law on Social Assistance (LOAS) (1993) stipulates that social assistance, “[...] a right of every citizen and a duty of the State, is a non-contributory Social Security Policy that provides a minimum level of social protection through an integrated set of government and civil society initiatives to ensure that basic needs are met” (Law No. 8,742, 1993).

More specifically, public social assistance policy is intended to address social inequalities and “[...] provide the conditions necessary to respond to social contingencies and ensure universal access to social rights” (Resolution No. 145, 2004, p. 18).¹ Its objectives include the provision of “[...] basic and/or specialized social protection services, programs, projects, and benefits for families, individuals, and groups who need them” (Resolution No. 145, 2004, p. 18).

Within this legislative context, a clinical-institutional supervision service was established in 2015 within the Specialized High-Complexity Social Protection network in the municipality of Belo Horizonte. The initiative was designed to listen to practitioners – psychologists and social workers – who supported families and individuals experiencing social vulnerability, homelessness, or the transition out of homelessness and who were living in institutional care facilities (“shelters”). Given the complexity of the cases handled by these teams, case supervision was intended to provide a space for listening to and discussing cases, thereby assisting the teams in implementing this public policy. The management team therefore invited a Lacanian psychoanalyst to serve as supervisor.

Teams sought supervision voluntarily, usually when they encountered the limitations of a policy discourse that purported to be *all-encompassing*. This search was prompted by practitioners’ distress when confronted with the demands of a singular subject, exposing a point of inconsistency in the discourse of a public policy intended for everyone. Supervision frequently addressed cases in which subjects made endless demands of practitioners, expecting a response from public policy on the grounds that the State was responsible for meeting their housing, food, transportation, and other needs. Other subjects vehemently rejected all such provisions.

Cases in which the demand was not limited to meeting basic needs or ensuring comprehensive protection were also common. These demands extended beyond the provision of material goods and required a specific form of listening – one that we consider clinical because it encompasses the subject in their singularity, separate from the intended universality. It was at this point that psychoanalytically oriented supervision began to contribute to social assistance policy.

The challenges arising from this practice raised several questions, particularly regarding the place of supervision within this public policy. We therefore ask: What is the role of psychoanalytically oriented clinical-institutional supervision in public social assistance policy? In seeking to answer this question, the teachings of Jacques Lacan (year) and his ethical perspective on supervision proved essential to sustaining this reflection.

The relevance of this article thus lies, first, in the limited systematization of psychoanalytically oriented supervision practices within this public policy. By bringing psychoanalytic theory into dialogue with the practical implementation of public policies in the city, this study seeks to offer a new perspective that highlights the potential of a clinical commitment often overlooked by policy practitioners. We are guided by psychoanalytic theory, grounded in an ethics that privileges listening to the subject of desire without disregarding the subject of rights (Altoé, 2004). Where there is a subject, there is an unconscious. Where there is an unconscious, there is also the possibility of listening to modes of *jouissance* – a core element of Lacanian psychoanalysis concerning the possible ways in which satisfaction may be obtained. The contemporary question of subjects’ relationships with social vulnerability, the responses of the State, and the possibilities for clinical listening has broad social implications and is therefore highly relevant and deserving of detailed scientific investigation.

Clinical-institutional supervision in public social assistance policy

The PNAS is a key document intended to describe the objectives, principles, and services that constitute the SUAS. It therefore marked the institutionalization of social assistance as a public policy to be guaranteed by the State rather than provided through paternalistic or charitable practices. The people served by this policy comprise

¹ For the purposes of this article, all direct quotations from the original sources have been translated into English.

citizens and groups experiencing situations of vulnerability and risk, such as families and individuals affected by the loss or weakening of emotional, community, and social ties; life-cycle circumstances; stigmatized ethnic, cultural, and sexual identities; personal disadvantages resulting from disabilities; exclusion due to poverty and/or lack of access to other public policies; psychoactive substance use; different forms of violence perpetrated by family members, groups, and individuals; precarious participation in or exclusion from the formal and informal labor markets; and distinct survival strategies and alternatives that may entail personal and social risks (Resolução nº 145, 2004, pp. 18-19).

As early as 1993, the complexity of work in the social field led to the organization of the first clinical-institutional supervision initiative, developed by psychoanalysts Elisa Arreguy Maia and Nilza Rocha Féres in collaboration with the Miguilim Program, which served children and adolescents living on the streets. At that time, the circumstances of children living on the streets in the municipality of Belo Horizonte had become a social issue and a source of concern for the management team, which was called upon to provide a swift response. The municipality subsequently created a team of social educators (university-educated practitioners from various professional backgrounds, including psychology, social work, and philosophy) to provide psychosocial support to these children and adolescents.

In addition to experiencing partial or complete abandonment as a result of poverty, these children developed an unusual attachment to the streets, as they are not always on the streets because they lack a home or family. [...] However, when social assistance policy offers them these material goods, they do not always accept them; some even refuse them (Maia & Féres, 1994).

The psychoanalysts observed that these children and adolescents displayed a certain resistance to the ready-made responses offered by public policy, such as returning home, receiving food, or being referred to school. This refusal clearly demonstrated that the case itself called the policy and its provisions into question, and it was precisely this questioning that opened the possibility of constructing new knowledge. Psychoanalysis, through supervision, was called upon to help construct this knowledge. According to Maia and Féres (1994), however, the knowledge produced through psychoanalysis takes the form of “not knowing,” shifting the focus from what social assistance offers to a “desire to know.” In this sense, listening to the knowledge held by children living on the streets produces an important shift that supervision in the field of social assistance seeks to highlight. Thus, since 1993, Belo Horizonte has maintained this commitment to clinical-institutional supervision across various services and provisions within public social assistance policy.

This study presents reflections on the experience, from 2015 to 2017, of listening to practitioners (psychologists and social workers) who supported families and individuals experiencing social vulnerability. Practitioners at institutional care facilities sought this space for supervision because of the distress arising from their work, which exposed the “failure” of public policy. In their efforts to guarantee access to public services, food, housing, transportation vouchers, and the many other resources requested by service users, psychologists and social workers often found themselves constrained by the provision of material guarantees. Listening to the subject and considering the singularity of each case became secondary concerns.

Practitioners were often confronted with demands governed by a logic other than that of social assistance – i.e., demands involving something public policy could not provide. For example, some service users had housing or families but refused to live in those places, leaving the team constrained by the material provisions already available because the underlying demand was of a different order. This practice revealed both the impossibility of materially fulfilling service users’ demands and, above all, the need to listen carefully to each case, because something eluded the pragmatic framework of guaranteed provisions.

Gradually, with the encouragement of the management team, the supervision space was developed around the idea of receiving and addressing what had become unbearable in the experience of providing support to subjects – i.e., everything the universalizing institutional discourse was unable to contain. What was referred to supervision was the remainder, that which was rejected by the logic of social assistance: an element of singularity that the policy failed to recognize.

In this regard, we present a brief case excerpt discussed in supervision. The service user was experiencing homelessness and was referred to an institutional care facility (“shelter”). He habitually lied, stole objects from the facility, and had accumulated substantial debts. He also constantly started fights with other service users and the care team. Whenever he found employment, he would find a way for it “not to work out”: there was a debt that he could not – or did not want to – repay with his earnings. He therefore remained dependent on the facility for housing, which caused considerable frustration among the practitioners supporting him, as the shelter was intended to provide temporary accommodation.

Several questions arose during supervision: Why did the service user refuse to move out of homelessness and obtain stable employment? Why did he not repay this debt? Why did he not remain in the jobs he found? If he was unwilling to work or study, what did he ultimately want? Why did he remain at the shelter? Why did he start fights at the facility? He behaved as though he had been wronged and was constantly claiming his rights. Moreover, whenever he was close to achieving independence, he would invariably “develop illnesses” and behave like “an abandoned boy; he would even steal cookies and always described himself as someone who was alone,” the practitioner explained. Her distress was directly

connected to the fact that no available provision could lead this “service user” to move out of either homelessness or the condition of being “sheltered.”

It therefore became necessary to redirect the questions raised by the case toward the subject’s singularity: What, ultimately, does this service user desire? What does he demand? What does it mean for this subject to be “sheltered,” to “shelter a fight,” to start fights, or to avoid becoming “unsheltered”? What is he fighting for?

The referral to supervision made it possible to revisit the case and listen to it anew. Reframing the questions surrounding the case, turning the position of the subject receiving support into an enigma, and refining the coordinates guiding a form of listening capable of distinguishing among need, demand, and desire are all principles that orient practice. Working with equivocation is central: un-sheltered, sheltered, sheltering a fight... As Lacan (1978) reminds us, it is through the operation of the signifier that subjects can reposition themselves in relation to their demands.

How is it, then, that through the operation of the signifier, some people are cured? For that is precisely what is at stake. It is a fact that some people are cured. Freud clearly emphasized that analysts should not be possessed by the desire to cure; nevertheless, it is a fact that some people are cured.

From this perspective, Freud (1990/1996) warned against *furor sanandi* – the impulse to cure subjects and their symptoms. It is by listening to the signifier and foregrounding equivocation that subjects can reposition themselves in relation to their symptoms and demands. In social assistance practice, this redistribution of responsibilities can engage the subject, the institution, and the city’s social body in the process of social intervention in a different way. This was the commitment underlying clinical case construction in supervision: to broaden the understanding of the impasse beyond the level of material guarantees, sustain the enigma of the demand, and create conditions for subjects, throughout their own trajectories, to find singular ways of becoming involved and repositioning themselves in relation to their circumstances, while the team simultaneously redefined its support strategies.

The subject beyond what can be guaranteed

This issue leads us to consider how service users assert their singularity, requiring an approach that extends beyond the provision of benefits and services intended to guarantee rights and meet everyone’s basic needs. This reveals a paradox: although public policy seeks to guarantee rights and assistance, no guarantee imposed by an Other can encompass singular questions. This paradox entails an ethical discussion concerning the idea of the Good.

Politics, which is etymologically linked to the polis (city-state), is invariably organized around the idea of a common good, a good for all. By itself, however, this idea does not accommodate the logic of singularity, of the one-by-one detached from the universal. According to Badiou’s (1995) critique, the sphere of human rights is based, among other assumptions, on the notion of

a general human subject such that whatever evil befalls this subject can be universally identified [...], so that this subject is simultaneously passive, or pathetic, or reflexive: the one who suffers; and a judging, active, or determining subject: the one who, upon identifying suffering, knows that it must be brought to an end by every available means (p. 21).

Throughout history, well-known atrocities have therefore been perpetrated in the name of “seeking the good,” including the establishment of totalitarian regimes and the colonization processes imposed by “more developed” populations. According to Badiou (1995),

law itself is initially a right “against” Evil. The “rule of law” is required because it alone provides a space in which Evil can be identified (“freedom of opinion,” from an ethical standpoint, is initially the freedom to designate Evil) and the means to arbitrate when matters are unclear (the apparatus of judicial safeguards) (p. 21).

The author states that so-called human rights are “rights to non-Evil” – i.e., the right not to be harmed in one’s body (the horror of hunger), mistreated in one’s life (the horror of remaining on the streets), or violated in one’s cultural identity (the horror of the humiliation of minoritized groups, poverty, etc.). A good associated with the idea of guaranteeing basic needs entails the idea of survival and guides laws, conduct, and standardized forms of social intervention that fail to encompass the dimension of the subject of desire (Altoé, 2004).

In Lacan, the dimension of unconscious desire extends beyond need and presupposes the presence of the Other. More precisely, desire is inscribed through a symbolic relationship, by way of the desire of the Other. Desire is mediated, however, by demand, which is always addressed to the Other. Desire is therefore situated between demand and need. Beyond the demand that needs be satisfied, there is a demand for something more. According to Lacan (1960/1998, p. 828), every demand is a request for love; therefore, even when it concerns an object associated with a need, it always carries another dimension. From one demand to the next, subjects attempt to name something they structurally lack. Each

subject's singularity is revealed through their particular way of dealing with this lack. Lacan (1960/1998) condenses the relationship among these three elements as follows:

Far from yielding to a logicizing reduction, where desire is concerned, we find in its irreducibility to demand the very force that also prevents its reduction to need. To put it elliptically: the fact that desire is articulated is precisely why it is not articulable (p. 819).

Lacan (year) describes the dependence of desire on the field of the Other, understood as the field of the symbolic. This dependence arises both from the lack instituted by the Other, which cannot provide complete satisfaction, and from the subject's "desire" for what they assume to be the object of the Other's desire. In this sense, when public policy determines in advance what subjects "need," defines what is good for them, and dictates what they should want, it offers what the policy itself assumes to be unequivocal.

When we ask what fails in public policy, we are referring to what repeatedly resurfaces as demand, which is only seemingly transitive – the demand for transportation vouchers, referrals to formal employment, benefits, etc. Moreover, what the recurrence of this demand indicates is the impossibility of satisfying desire. Any generic application of a universal technique, practice, or policy therefore becomes unfeasible.

Given this situation, the emphasis must shift from the ideal of institutional policy to the real at stake. Rather than attempting to "discipline" demand, it is essential to invite subjects to speak about their desire. This commitment considers the ethical position of psychoanalysis in its most profound consideration of singularity. The material issue therefore cannot be resolved without addressing its symbolic and desiring dimension. In this regard, Lacan (1960/1998) offers a way forward: "This is why the question of the Other, which returns to the subject from the place from which they expect an oracular reply, formulated as '*Che vuoi?*' – What do you want? – is the question that best leads them toward their own desire" (p. 829).

Between the singular and the universal: social assistance on a knife-edge

Returning to our central concern, it is important to remember that social assistance policy, as a state policy, represents considerable progress because it ensures that the social assistance guarantees established by law are upheld by the State. This stands in contrast to the preconstitutional model of paternalistic assistance based on benevolence and charity. We do not seek to disregard this progress. Rather, we seek to assess the possibility of incorporating this model into another logic that also considers the subjective dimension – one that recognizes desire as constitutive of the subjects concerned and treats them accordingly, without overlooking the structural dimension of social inequalities. From the passive individual of paternalistic assistance to the subject of rights, we propose taking a further step toward the subject of desire.

Public policy creates broad classifications, such as "people experiencing homelessness," "service users," and "individuals experiencing social vulnerability," thereby establishing an internal classification system intended to organize and distribute services and provisions. "To classify is to predict, to establish inferences (predicates) that would necessarily apply to all individuals within a given species, distinguishing them from other species" (França, 2010, p. 134). Although such classifications may be unavoidable within public policy, the central issue is to recognize their status as semblants – not to reject them, but to understand how to work with them.

The aim is therefore neither to rebel against the system and its classifications nor to allow ourselves to be absorbed by its machinery, but to invest in mechanisms that enable subjects to manifest as such (França, 2010). The Other is constitutive: it names the subject and guides their desire. Its function cannot simply be disregarded. We must move forward and become capable of doing without it. As Lacan (1975–1976/2007) states in *Seminar XXIII, The Sinthome*, "to do without it [...] on the condition that we make use of it" (p. 132).

The singularity of subjects within this rights-based public policy calls for reflection on the function and role of Lacanian supervision in this context. If subjects' repositioning in relation to their own desire can have ethical implications involving accountability, it becomes possible to highlight the challenges faced by practitioners who experience distress in this work. Although it is often concealed, practitioners' distress acts as an *impetus for seeking supervision*.

In this context, clinical supervision is the space practitioners seek in an attempt to find answers to the impasses arising from their practice. Supervision involves a demand for knowledge: knowledge about the case, diagnosis, management of the situation, and the scope and consequences of an intervention. These are technical questions, but they also affect practitioners' own subjectivity.

The analyst-supervisor is placed in the position of the subject presumed to know. Their role is to receive the demand for pragmatic answers while pointing toward something beyond it, thereby opening the possibility for new knowledge to emerge. In the development of his theory, Lacan (1971–1972/2012) presents the following logical formulation: "I ask you to refuse what I offer you because that is not it" (p. 79). This formulation emphasizes demand's inability to locate the object of desire, requiring an operation involving suspension and refusal so that the dimension of desire may be heard.

We may also recall Lacan's discussion of supervision in *Seminar X, Anxiety*. For him, supervision is an operation "in which what can be grasped beyond the limits of knowledge appears in an instant" (Lacan, 1962–1963/2005). We must also understand that "the question is not [...] what we do within the institution, but what subjects do and want to do within it" (Alvarenga, 2011, p. 4).

Practitioners can therefore become agents who prompt a change in the position of the subjects to whom they listen, provided that these subjects' demands are treated as enigmas for both practitioners and subjects themselves. Ultimately, it is practitioners who gather the remnants – the impossible that cannot be incorporated into the policy's universality – thereby calling the illusory truthfulness of this universal into question.

The supervisor's distance from the practical situation, together with the certainty that no ready-made knowledge or universal laws can answer for the subject, allows supervisors and supervisees to embark on the production of something unprecedented – a reinvention of praxis. We maintain that supervision, as "a place at the crossroads," can operate as a hiatus within the institution's totalizing logic.

The guarantee of rights and the subject of the unconscious

Within social assistance policy, some practitioners criticize the tendency among professionals in psychology and related fields to "psychologize" social and material issues, thereby holding subjects responsible for the conditions of poverty or vulnerability they experience. Another common criticism is that psychoanalysis, by considering the logic of singularity, jouissance, and the symptom – i.e., service users' subjectivity – also blames them for their social circumstances. Some further argue that this approach, which considers subjects and their desire, runs counter to public policy, whose universal aim is to guarantee citizens' rights.

By referring to practitioners – psychologists and social workers – as "technical staff," institutional discourse assigns them a particular place: a technician position involving the application of established knowledge. Public policy, established through normative and legal texts, assumes the role of guiding and defining practice: guaranteeing rights to those who need them. As we have seen, however, the encounter with the policy's subject – the subject of rights – reveals another subject: one who always demands something more, something that cannot be guaranteed through the provisions of public policy.

A brief comparison may be drawn between social assistance and mental health policies, while acknowledging the differences in the historical and methodological complexity of the two fields. Within mental health care, there was a historical tendency to assign psychiatrists – hierarchically positioned as the holders of superior knowledge – responsibility for resolving clinical cases. In this context, medicine traditionally felt compelled to provide answers, even when they were not immediately apparent. Within social assistance, there is likewise an impulse – which we may call *furor sanandi* – to respond to service users' demands concerning their basic needs, the fulfillment of which is an essential condition for upholding the principle of human dignity.

In both cases, the response often precedes the demand: what service users need is assumed in advance. At other times, the response may be developed collaboratively with service users, but only within the limits of what public policy can provide. In both contexts, the presence of psychoanalysts disrupts this immediate structure of response and guaranteed provision by presupposing the capacity to tolerate the fact that what is demanded is not necessarily what is desired.

Not all social assistance practitioners are, of course, guided by psychoanalysis. The field is broad and heterogeneous in terms of its theoretical and practical frameworks. Social assistance policy is notably interdisciplinary, and we do not intend to homogenize the field, establish a hegemonic discourse, or reduce its complexity. We are therefore not arguing that every practitioner should adopt a psychoanalytic orientation. Indeed, it is precisely by sustaining a position that rejects the imposition of preexisting knowledge and respects difference that we understand the coexistence and circulation of multiple forms of knowledge within the institution to be possible.

We do not believe psychoanalysis should be imposed within the institution. This is neither its purpose nor ours. However, employing a psychoanalytic framework to support institutional supervision makes it possible to approach each case as an enigma and work with the resonances of the signifier and equivocation, particularly when something falters, stalls, and fails to progress.

Another common criticism concerns the use of the word "clinical" or the expression "therapeutic effects" within public social assistance policy. Arguments frequently invoke a supposed impossibility of using such terms in social assistance because it is a social public policy rather than a clinical or therapeutic one. The notion of the clinical derives from the Greek *kline*, meaning "bed." Clinical practice would therefore evoke the act of leaning over a bed or bending down at the bedside. We might further add the act of leaning closer in order to listen.

We therefore feel comfortable using terms such as "clinical-institutional supervision," "clinical case," and "clinical experience" in social assistance practice. According to Lacan, the clinic is the place where something that has been said comes to rest. To undertake to listen to subjects – with all the radicality that listening entails – is to sustain a clinical position within a specific social context.

Regarding the therapeutic effects produced by an encounter with another person, Freud (1990/1996) identified the cathartic effect in his clinical practice – i.e., the temporary release of distressing affects that occurs when they are spoken about. We likewise do not disregard this dimension: speech addressed to another person who is willing to listen produces effects.

Psychoanalysis and public policies

Reflecting on psychoanalytic practice within mental health institutions, Figueiredo (2004) asks how it would be possible to “establish common ground for collaboration among practitioners who have no commitment to psychoanalytic training but could nevertheless draw on its contributions” (p. 77). The same question applies to the field of social assistance.

This involves acknowledging different professional backgrounds and theoretical frameworks while preserving, at their intersection, the specificity of psychoanalysis within supervision and avoiding both the trivialization of its clinical tools and the overvaluation of its concepts (Figueiredo, 2004). It is therefore necessary to identify the specific contribution psychoanalysis can make to social assistance.

As in mental health care, practice in the field of social assistance begins with the general, universal dimension and proceeds toward the particular – the specificity of each person’s demand, such as housing, food, or benefits. “Psychoanalysis introduces a conception that moves from the particular to the singular, returning to the general on the basis of the effects observed” (Figueiredo, 2004, p. 77).

In this context, Lacanian psychoanalysis elevates citizens to the status of responsible subjects who, far from being blamed for their poverty and vulnerability, must assume responsibility for their subjective position. Only through responsibility or subjective assent can an unprecedented position emerge – a departure from repetition, which, in social assistance practice, engenders recurrence – and enable subjects to develop new know-how in relation to their symptoms and *jouissance*.

Another clinical case excerpt discussed during supervision provides elements for reflection on this issue. The case concerned a woman living with her two children in a family shelter. At this facility, each service user had a small private room and received support from a multidisciplinary team. The shelter was intended to provide temporary accommodation until the subject could reestablish herself.

According to the social worker responsible for the case, the service user always presented herself as a victim or as someone whose rights were continually being violated. She threatened the team and lashed out at everything around her. She was constantly uncomfortable and caused discomfort among the team. She demanded, and was certain, that social assistance was required to guarantee her right to housing and provide her with a home, despite the social worker’s repeated explanations that this would not be possible. According to the support team, she insisted that she was being persecuted, that someone had tampered with the padlock on her room, and that someone had thrown a stone at her television. Consequently, within only a few months, this was already the third time she had demanded that she and her children be moved to another room. Indeed, she frequently requested such moves and always provided some justification. She was never comfortably accommodated. She aggressively demanded that the team guarantee her rights – for example, by finding a way to take her to a medical appointment. During supervision, the practitioners said that the case needed to be “untangled, like a ball of yarn.”

The service user reported that she had lived in shelters since childhood and no longer had meaningful ties with anyone. She demanded constant care and had no patience for conversation. Her 13-year-old son took care of everything, including his mother. According to the shelter psychologist, “the service user’s temper causes the team to lose its composure.” She also prohibited the team from contacting her relatives. She complained that no one ever did anything for her and thus mobilized everyone to take action. After all, if the door to her room had been dented overnight, someone from social assistance had to do something about it. Although she never remained in any particular job, she was always working.

She subsequently threatened the Municipal Guard with an iron bar and mobilized the entire service network around her. She always wanted something the team could not provide. She wanted an apartment because she believed she was entitled to one, and she attacked everyone in an effort to defend herself. She also lost the key to her room, blamed the practitioner assisting her, and threatened to stab her because, in the service user’s view, the practitioner was one of those people who did not want to give her what was rightfully hers. She was always the exception, and no one could mediate the situation. She also described herself as a child who had suffered, complained about her room, and yet refused whenever the team offered to move her elsewhere.

Following the resonances of the signifier, what would constitute a comfortable place for this service user? How does she accommodate herself within the field of the Other’s desire? Why is she so uncomfortable? Why does she cause the team so much discomfort? These questions arose during supervision. The case thus laid bare the limitations of social assistance in providing universal services and social assistance benefits. The clinical case disrupted institutional logic, making it necessary to raise new questions: If public policy could not provide what the service user demanded, what, then, was the purpose of supporting her? Would it not be appropriate to listen to her from another position, given that what she demanded did not belong to the order of policy guarantees?

Through these questions, the impulse to save the service user gave way to a different position for the practitioner: tolerating the absence of answers in order to listen to her. Once the importance of this listening was recognized, certain shifts became possible. The service user became so *uncomfortable* in the shelter that she decided to find other paths for her life herself. Although she had resisted moving out, the team remained committed to not silencing her. She needed to speak and to “un-move” through her words. She then moved out of the shelter and into another home with her children.

Psychoanalysis at the interface with public policy

In 2017, following new municipal elections, the administration of the Belo Horizonte municipal government changed, as did the strategic management team responsible for social assistance policy. Consequently, the new administration decided to discontinue the clinical-institutional supervision practice that had been developed over many years. In response, the institution’s group of supervisors drafted a document (Penna et al., 2016) describing the history and ethical perspectives of supervision in social assistance since 1993. However, the document appears not to have resonated with the new administration, which chose to disregard this longstanding practice and enforce preexisting normative models and proposals. These clinical supervision models were not included in SUAS regulations. The decision was therefore also based on a longstanding criticism, frequently voiced in the workplace, that supervision was psychoanalytic and that clinical practice was inconsistent with the principles of social assistance.

Interestingly, Figueiredo (2004) reports the same criticism regarding the relevance of clinical practice in mental health care, where the devaluation of clinical practice was justified on the grounds that it ran counter to patient rehabilitation. According to the author, “slogans such as the right to citizenship, autonomy, and the expansion of social ties appear to dispense with clinical practice, as though it were outdated, ineffective, and even conducive to chronicity” (Figueiredo, 2004, p. 81). This discourse resembles that encountered in social assistance. In this context, clinical logic is accused of reducing social issues and social vulnerability to the subject alone while disregarding sociohistorical and material determinants. According to Figueiredo (2004):

Nothing could be more mistaken, because clinical practice, in its radical and literal sense of attending to the subject’s discourse, is the only means of escaping two major and insidious traps: “interpretive pedagogy,” a vice of a certain tendency within psychoanalysis, and “restorative therapy,” i.e., therapy understood as restoring a person to their condition before the illness (p. 81).

Repetition is thus confronted at the point where clinical practice – whether on the side of the subject, the institution, or society – reproduces a civilizational mode of *jouissance* that seeks to keep the city free of its remnants. Sweeping these remnants under the rug repeatedly reproduces a form of forced sanitization that returns as something impossible to contain, whether through the subject’s demands, violence, state bureaucracy, or the illusion of social security. The answer will lie neither with the practitioner nor in policy guarantees unless we consider what each subject, implicated in their particular position within this context, does with what confronts them.

This observation brings us back to a case presented by a psychologist during supervision. The service user had saved a substantial amount of money but could not spend it because doing so would cause him to lose his status as a beneficiary of social policy. He would no longer be eligible for social assistance payments and benefits, to which he believed he was entitled and which he could not relinquish because he was a citizen experiencing homelessness. He therefore could not afford to lose anything – not even his condition of poverty – despite having been offered several opportunities to move out of homelessness. Nor could he afford to gain anything: if he used his money to acquire any possession whatsoever, he would lose his social goods, his “bene-fits.”

The case described above compellingly demonstrated the limitations of public social assistance policy when confronted with demands that exceed the logic of universal guarantees and reach the subject’s singular dimension. Analysis of the case within clinical-institutional supervision shifted the focus away from the search for immediate solutions and toward the construction of a space for listening, in which the team could tolerate the absence of ready-made answers and interrogate the enigma posed by the service user’s position. This work allowed the demand to be reinterpreted in light of the theoretical contributions discussed – particularly the Lacanian concepts of desire, demand, and *jouissance* – and guided an approach that created space for the service user herself to find singular ways out of her circumstances. The developments arising from this case therefore reaffirm the importance of supervision as a mechanism capable of challenging institutional logic and fostering ethical and practical shifts, both in practitioners’ positions and in the implementation of public policies.

Conclusion

We maintain that supervision can disrupt the hierarchy of knowledge and functions that determines what is necessary, good, or best – what constitutes the service user’s rights. This commitment entails searching for questions and cultivating a form of listening that extends beyond the impulse to become a savior or guarantor of the proper way to exist in the world.

During supervision, practitioners distressed by their work frequently asked themselves what more they could do for a service user. They also commonly experienced distress because they had already done everything possible yet had been unable to resolve the situation of a particular service user.

Supervision may make another shift possible: from the *jouissance* associated with guaranteeing rights to listening without guarantees. After all, following Lacan, we must remember that psychoanalysis belongs to no order other than that of equivocation. The question shifts away from what can be done for service users – although we do not disregard the necessity of certain basic guarantees – and toward how we can offer our embodied presence and capacity to listen so that people receiving care can find their own ways of responding to their circumstances (Figueiredo, 2004). After all, autonomy cannot be guaranteed by an other external to the subject, even though public policy seeks to create the necessary conditions and ensure what is known as “security of autonomy.”

Another important point is that, throughout this experience, it became evident that clinical cases can teach management teams a great deal and that numerous work processes can be reformulated by considering the knowledge that belongs to and emerges from service users themselves. In supervision, we commonly encounter what we call “case-chaos” – i.e., cases that disrupt the entire logic of social assistance guarantees. These involve service users who do not wish to stay in shelters and prefer to remain on the streets; subjects who violate the rules of facilities within the public policy network or who are unable or unwilling to participate in a particular activity or public provision; and subjects who ultimately reject employment opportunities intended to promote autonomy.

For psychoanalysis, elevating these service users to the status of subjects means elevating them to the status of responsible subjects. They are not responsible for social problems or the poverty imposed by a perverse system governed by the logic of capital; rather, their responsibility concerns precisely what cannot be offered or guaranteed – i.e., what is known as subjective responsibility. Subjects placed under tutelage and relieved of responsibility may be led into immobility. If we give them “the solution,” it becomes merely an imposition arising from a power relationship. If we do nothing but place subjects under tutelage, depriving them of their voice and responsibility, we effectively proclaim the end of clinical practice. Therefore, not rushing, not presuming to understand too much, and not absolving subjects of responsibility constitute the ethical direction of psychoanalysis, which affords service users the status of subjects. This is the commitment and contribution of psychoanalysis within the field of social policies, in the hope of establishing a bond that makes praxis more effective and decisive.

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Correspondence address:

Paula Dias Moreira Penna
E-mail: pauladiasmp.psi@gmail.com

Andréa Máris Campos Guerra
E-mail: andreamcguerra@gmail.com



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