



*International Review of Couple and Family Psychoanalysis*  
**ISSN 2105-1038**

**N° 32-1/2025**  
**Families Facing a Loved One's Illness**

**Metapsychology of the third type and traditional individual metapsychological type-cure: The care of a young adult with mental illness in the family**

Fernando da Silveira\*

*[Received: May 7, 2025  
accepted: June 10, 2025]*

**Summary**

Based on a family member's psychic suffering having had an impact on the demand for care for a young adult, this article aims to demonstrate how a metapsychology of the third type (PTT), as proposed by Kaës, can offer contributions to the traditional individual metapsychological type-cure. Clinical demands, arising from an individual's suffering affecting the psychic continents within a family, require the psychoanalyst to consider the role of different psychic spaces at play in this type of suffering, both at the family and individual levels. Therefore, it becomes necessary to mobilize different configurations of the traditional psychoanalytic clinical frame, even in situations where the demand may be for individual care of a family member affected by mental illness, as in the case presented here.

*Keywords:* Metapsychology of the third type (PTT), psychoanalysis of intersubjectivity, familial mental illness.

---

\* Psychoanalyst and Psychologist. Assistant Professor of psychology at Presbyterian University Mackenzie, São Paulo, Brazil. Member of the « Réseaux Groupe et Liens Intersubjectifs ».; [fesilveira1@uol.com.br](mailto:fesilveira1@uol.com.br)  
<https://doi.org/10.69093/AIPCF.2025.32.07> This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC BY\)](#).



**Résumé.** *La métapsychologie du troisième type et la clinique de la cure-type: le soin d'un jeune adulte avec une maladie mentale dans la famille*

À partir de la souffrance psychique d'un membre de la famille ayant eu un impact sur la demande de soin pour un jeune adulte, cet article vise à démontrer comment une métapsychologie du troisième type (PTT), telle que proposée par Kaës, peut apporter des contributions à la cure-type individuelle traditionnelle. Les demandes cliniques issues de la souffrance d'un individu qui affecte les continents psychiques au sein d'une famille exigent du psychanalyste qu'il prenne en compte le rôle des différents espaces psychiques impliqués dans ce type de souffrance, tant au niveau familial qu'individuel. Il devient donc nécessaire de mobiliser différentes configurations du cadre clinique psychanalytique traditionnel, même dans des situations où la demande semble concerner un soin individuel d'un membre de la famille, affecté d'une maladie mentale, comme c'est le cas présenté ici.

**Mots-clés:** Métapsychologie du troisième type (PTT), psychanalyse de l'intersubjectivité, maladie mentale familiale.

**Resumen.** *La metapsicología del tercer tipo y la clínica de la cura tipo: El cuidado de un joven adulto con enfermedad mental en la familia*

Basado en el sufrimiento psíquico de un miembro de la familia que tuvo un impacto en la demanda de atención para un adulto joven, este artículo tiene como objetivo demostrar cómo una metapsicología del tercer tipo (PTT), como la propuesta por Kaës, puede ofrecer contribuciones a la cura tipo metapsicológica individual tradicional. Las demandas clínicas que surgen del sufrimiento de un individuo que afecta los continentes psíquicos dentro de una familia, requieren que el psicoanalista considere el papel de los diferentes espacios psíquicos en juego en este tipo de sufrimiento, tanto a nivel familiar como individual. Por lo tanto, se hace necesario movilizar diferentes configuraciones del encuadre clínico psicoanalítico tradicional, incluso en situaciones donde la demanda puede ser de atención individual de un miembro de la familia afectado, como en el caso aquí presentado, por enfermedad mental.

**Palabras clave:** Metapsicología del tercer tipo (PTT); psicoanálisis – intersubjetividad, enfermedad mental familiar.

## Introduction

The challenges of contemporary psychoanalytic clinical practice lead one to reexamine devices available and the theoretical models derived from them, to better treat the complexities of contemporary suffering generated by a global society experiencing exponential change. The destabilization of metapsychic supports,



consequential to the instability of the social meta-framework, has for one, fostered the loss of social, family and community identification references, thereby putting healthful narcissistic foundations of the Self at risk (Kaës, 2012). In this context, traditional reductionist psychoanalytic models, which do not consider the existence of a plurality of psychic spaces, tend to make insufficient categorizations of psychic suffering of a narcissistic foundation, which, paradoxically, is not solely restricted to an intrapsychic dimension. The theoretical model of psychoanalysis of the third-type (PTT), presumes that the psyche is an extension beyond the intrapsychic, where narcissistic foundations of being are anchored in meta-psychic and meta-social supports, and, therefore, the collapse of these supports puts the very psychic existence of the subject at risk of collapse.

The extension of psychoanalysis into the clinic of couples, families, and groups has brought new insights to the Type-cure, traditionally restricted to the intrapsychic. PTT is based on a multi-subjective understanding of human suffering. This clinical experience has shown that intersubjective bonds affect, and are affected by narcissistic-identity suffering, and, not infrequently, are threatened to rupture whenever crises emerge. This clinical observation alerts the analyst to consider interventions beyond the scope of the traditional psychoanalytic setting. This approach allows theoretical, technical, methodological and clinical resources to more effectively respond to psychic suffering when it is produced by and entangled with intersubjective bonds, both filiative and affiliative.

This is a psychoanalytic clinic that evokes the intra, inter and transsubjective dimensions of the individual, family and community psychic continents. When considering the heterogeneity of these three psychic spaces, as proposed by Kaës (2011), it is essential to examine how these spaces interfere with each other; where one serves as support for the other. The psychological illness of a family member, therefore, has its origin and direct impact on all these spaces, which simultaneously belong to the individual subject and the family group as a whole. Different clinical devices access each of these different psychic spaces, while interference in others is mitigated.

We mention two examples that demonstrate the potential and limitations of different types of clinical devices:

In the case of individual care, it is not uncommon to observe through the symbiotic communication between subjects, that the improvement of one family member in individual care may coincide with the worsening of another, as a movement of homeostasis of the family dynamics. This clinical observation is not novel and was described in the seminal work of psychoanalyst, Pichon Rivière (1985), who observed the fact that the psychological illness of a family member announces, by its verticality, the horizontality of the family illness itself, and that this is therefore, produced in the intersubjective bonds. Thus, the subject not only became ill because



of his intrapsychic dynamics, but also because of the functional role they identify with in the family dynamics, as the bearer of everyone's illness. When one vacates this role within the family, in individual treatment, it is common that another family member assumes the vacated role until the family illness is treated using the appropriate clinical devices.

Another example can be seen in the care of families that have gone through traumatic situations, the effect of which is the breakdown of family ties. Benghozi (2011) uses the metaphor of unravelling as an illustration of the breakdown of filiative and affiliative bonds, as well as the need to re-knit the family continent, based on the formation of affiliative neo-continentes using psychoanalytic devices for treating these families. In the same sense, in psychoanalytic family therapy, Sanahuja, Silveira and Puthomme (2022) discuss how the neo-group, as formed by a psychic apparatus specific to the situation of psychoanalytic family therapy, is based on the intersubjective bonds with the analyst and the family. A neo-group helps the family create an "internal caregiver" for the family as a whole and for each of its members, in situations where this capacity for family self-care cannot meet the demands of a family's psychological suffering. However, the family clinic does not exhaust the need for individual monitoring for certain family members; on the contrary, it can serve as a support, where one service enhances the other.

### **The crisis of a young adult and their family of origin**

The complexity of the heterogeneity between different psychic spaces (intrapsychic intersubjective, couple/family) can be understood when we consider that each of these psychic spaces is organized based on its own psychic apparatus, but at the same time, all of these psychic apparatuses interfere with each other. The adolescent clinic clearly demonstrates the relationship between these apparatuses; individual treatment is rarely sufficient without access to the family to some degree. Thus, the analyst must simultaneously deal with the intrapsychic issues of the young person who presents the symptoms, and with the failures of the meta-psychic support function of the family psychic envelopes.

For Roussillon (2019), the primary symbolization processes are linked to the encounter processes, where, at the beginning of life, first responders play a crucial role, to form a type of symbiotic, fusional intersubjectivity, or what Bleger (1977) describes as *agglutinated nuclei*. In the case of good responders, a new challenge arises, which is the separation between the infant and the first caregivers. For Roussillon (2019), secondary symbolization is the basis of this process and allows for the emergence of an interpersonal intersubjective figure (Coelho, Figueiredo, 2004) which Bleger (1977) describes as sociability through interaction.



Within this crucial developmental window, the differentiation between the psychic apparatus of the young person and the psychic apparatus formed by the family group depends on the capacity of the family psychic continents to withstand, what Bergeret (1995) calls, fundamental violence. This is a necessary violence for the preservation of life, where, from the earliest age, the “little one” challenges the “big one” in order to establish oneself as a unique, psychically alive subject, which forces this subject to engage in the “fight” so that they can differentiate oneself from the adult family member(s).

The onset of adolescence puts unconscious alliances into crises (Kaës, 2014) that give consistency to the containing function of intersubjective family bonds, which until this moment, offered a place of belonging to that young person since his birth. The family genealogical envelope (Granjon, 1986), which constitutes the family group, offers each one a place, a role, and identity, that inscribes each member into an filiative continuity. The advent of the cessation of adolescence, that transition which leads the young person to adult life, confronts both the adolescent and the family with a delicate game of chess between the isomorphy and homomorphy (Kaës, 2011) of the psychic apparatus of each individual subject and that which is formed by the family group. It is from this permanent tension that the subject can emerge as a subject who is simultaneously individual and a subject of the family group, identified by their name and surname. Based on family meta-psychic support, the individual negotiates with those who resonate most with their obligations in relation to their inheritance, which they must carry and transmit to future generations, sustaining, in a certain way, the previous generations that are still alive.

However, to individuate as a singular subject, at the same time, the adolescent is beholden to break certain filiative links of the genealogical chain that binds them to their ancestors and that effectively work counter to differentiation. The family must support this homomorphic movement, which does not fail to involve the resurgence of primordial violence to a greater or lesser degree, and which rears its head at family cohesion, so that unconscious alliances can be reorganized upon new bases (Kaës, 2000), which will give the young adult a new place of belonging on the filiative and affiliative axes. This becomes the basis of meta-psychic support that allows the young adult to access the path of passage between a place in the family and a place in society.

By testing the consistency of meta-psychic supports, this young adult’s instinctual movement tests the weak points and inconsistencies of affiliative inheritance. In its diachronic axis, unconscious alliances are also transmitters of transgenerational traumas inherited from previous generations. According to Kaës, «What is transmitted to the next generation is not only the manifest content of what is said, but also what is unsaid, what is silenced, what is not elaborated by those who



transmit it, whether such content is of a instinctual, traumatic or fantastical nature» (Kaës, 2005, p. 67).

So, what happens to this young person, when at this critical moment, there is evidence of psychic illness in the family, and, whereby, the containment capacity of the family psychic envelope (Anzieu, 1993) is impaired by the need to assist the one who needs urgent care, *i.e.*, the afflicted subject? What happens to a late adolescent when the path leading from the family to society coincides with the suffering and withdrawal of those, whom until then, provided the meta-psychic foundations for narcissistic formation?

In a family marked by a traumatic transgenerational legacy, the succession between generations triggers a crisis manifested by the mental illness of a central figure in the family's genealogy. During an individual clinical process, it is necessary to implement a clinical device that must, at the same time, help to reweave the affiliative ties that allow this young person to be reinserted into the society, but also to carry out the work of reconnection with his filiature/affiliative family ties damaged by the genealogical crisis.

### **Clinical Case**

Dora, was the point of contact for care of her 17-year-old nephew, Rogério. In the initial interview she disclosed that her sister, Magda, had been recently diagnosed with bipolar disorder after attempting suicide. According to Dora, Magda had never had any psychotic episodes before, and that her first episode appeared during menopause. Her sister and brother-in-law moved to another state, where her mother resided, so that she could receive appropriate psychiatric and therapeutic care. The sister's family consisted of several siblings spread across several states. Magda was a nursing assistant and close to retirement. She had always worked hard to support the family and raise her two children.

Magda's hypomanic crisis was noticed when she began spending far beyond the family's financial means, thus causing a major financial crisis in a family that had always lived in a very austere manner. A major financial debt was discovered after Magda attempted suicide. As Dora said, Magda was the main affective and financial support of this nuclear family and, to the extent that she was the main unifying figure, her crisis triggered the breakdown of the psychic envelope of Rogério's nuclear family.

When Magda became ill, she ended up having to seek disability retirement, which had further reduced the family's already severely stressed finances. Her husband, Rogério's father, was retired and had been taking care of the couple's household and two children for some time. When his wife, Magda fell ill, he also assumed full-time





responsibility of her care. He was described by Dora and, later confirmed by Rogério, as a fragile person who was emotionally dependent on Magda. Both came from impoverished family backgrounds, but throughout the years, had managed to financially support their family, including buying a small house in a satellite city in the metropolitan region of São Paulo.

Rogério was the son who grew closest to Magda. His brother Marcus, five years older, had taken on Rogério's birth as a bitter rivalry and, throughout care, remained a markedly cold and aggressive person, especially towards Rogério. As in many marginalized families in the outskirts of large cities in Brazil, the elder sibling usually assumes charge of younger ones while parents are away at work. As result of Marcus's bitter rivalry, these brothers never lived in harmony, a situation exasperated by spending long periods of unsupervised time together. Rogério was forced to learn how to defend and fend himself from an early age.

As result of the parents' move, they two siblings stayed behind in São Paulo. Rogério assumed care of the house under the guardianship of his aunt Dora, since the oldest son, Marcus, had already lived with a partner in a stable relationship. Thus, the family unit was divided into three parts: the parents, the older brother and his wife, and Rogério, who lived alone, but under aunt Dora's legal custody. With ample professional success and no children, Dora was in good financial standing to support her nephew.

She also played a critical role in resolving her sister's family financial crisis, preventing the family home from being sold to pay off the debt Magda had incurred during her crisis. Magda's illness heightened Dora's concern for Rogerio, the delegated family's spokesperson for this family's future threat.

In the initial interview, Rogério, who was accompanied by Dora, said he had just entered a public university to study theatre. Dora said he was always considered to be a highly intelligent, talented and precocious child. He became independent and responsible at an early age, never causing concern to his family. Rogério ended up admitting that he agreed to undergo analysis after noticing his aunt's concern for him, but he thought it was not necessary, since he was well and happy, but that he would accommodate his aunt.

In the following interview with Rogério, he seemed to clearly understand his mother's situation, which saddened him, although he was content to be able to follow his path, enrolling in the course he had always dreamed of. He believed that his mother's situation was temporary and that she would eventually return home, and that the family would soon be reunited. He expressed concern that she was being overzealous of him, and that there was no need for him to undergo analysis. He had few contacts with his older brother Marcus, who did not accept his (Rogério) homosexuality. Thus, he lived alone in the family house ceded to his aunt Dora,



while he maintained contact with some relatives who lived nearby, especially a female cousin and his aunt Dora, who accepted his lifestyle.

At the beginning of the process, he thought his aunt Dora was wasting money on his analysis. He was responsible for communicating to his aunt the number of sessions per month for payment, which he rarely ever did. In most sessions, he was either late, missed or requested a change in the session time. He was content in thinking that everything would be resolved when his mother was cured and his parents returned home. He felt responsible for taking care of the house and did not want to leave it, despite the long commute between his home and the university, which was more than two hours each way on public transportation.

Over time, he realized that it would be impossible to reconcile living in the house while attending the university. Eventually, he was forced to live in a university residence on campus. Upon vacating the family residence, Rogério became increasingly disorganized. One night, he went out to a party in downtown São Paulo. Afterwards, he went to a string of after-hours parties until he wandered into a dangerous area known for male prostitution. Men approached him for sex in exchange for money. He became animated, even sexually excited for the sexual freedom he had always desired. Although he was scared at the time, he found himself forlornly walking through a dangerous neighbourhood. "Frightened", he said in a session, "if I had gone missing, it would've taken forever for them to miss me." From that moment on, he began to dedicate himself to his sessions.

He began acting out similar scenes over a period. Faced with insurmountable countertransference, a therapeutic intervention became necessary for fear of his safety. In this situation, a passive posture by the analyst could evoke a negative transference of a negligent father and become an accomplice to the subject's self-destructive side. A traditional setting was no longer sustainable nor able to handle the consequential trajectory of treatment.

He was advised that his risky sexual behaviour, if continued, would warrant that his aunt be contacted. He became adamant about limiting her involvement in his life. Saying he would stop analysis if his aunt were contacted. However, in situations of this type with lamentations that he had lost the will to live and considered dropping out of college, himself believing that he would not be able to continue, contact became necessary. Slowly, he began to sink into a depressive crisis and refused to accept help from any of his relatives. He still managed to complete the first year of college without any major objective harm to his plans.

Although he was initially resistant to authorize contact his aunt, after this intervention, Rogério began to resignify his transference with the analyst, as being a more attentive and caring father, opening space for one last session together with





Dora. It was previously agreed that he would talk to her about his situation while the analyst would be in an attentive, but silent observer, and so, it was done.

The year ended with an agreement that he would spend the school vacation with his aunt. During this period, he found another way to communicate to his family about his suffering. At the end-of-year festivities, he had left a pipe used to smoke drugs out in the open, which his cousin had found. Alarmed, his aunt scheduled an emergency session. Initially uncomfortable with the situation and still in denial that anything was wrong, Rogério gradually understood his need, at this moment, to strengthen the mutual trust between his analyst, his aunt, and himself so that the three could help him deal with the loss of family support brought on by his mother's illness.

Finally, Rogério recognized that he was at risk of losing control of his recreational drug use, including cocaine. Under a mutual understanding, a protective family network was put in place around Rogério. Individual sessions had become alienated from the treatment plan, except for those infrequent sessions convened at Rogério's request. For a couple of months, weekly sessions were scheduled jointly with the three parties.

Through these joint sessions, it became possible to clarify some essential issues fundamental to the continuation of Rogério's analysis. Dora definitively declared that Rogério's parents had no plans of returning to São Paulo any time soon, because his mother's illness, which Rogério had downplayed until then, was serious. His parents had not been forthright with him, fuelling his uncertainty. This gave credence as to why they had repeatedly scheduled and cancelled trips to São Paulo, to which generated expectations and confusion in Rogério. By candidly explaining the seriousness of the mother's situation, Dora counselled Rogério to stop deluding himself by preparing himself for this new reality.

The analyst's role in these sessions was to offer both integrated support with an emphasis on Dora's need to fulfil the role that the vacuum within nuclear family was unable to perform at that time. Therapeutic interventions were quite specific, the analyst's role as a third party was to offer meta-psychic guarantees for the formation of the trust bond between Dora and Rodrigo. From the formation of this new continent, denied content was able to emerge, bringing to light transgenerational traumas that had been occluded until then. Dora recounted scenes from the family's past, whose roots were from a very poor region of Brazil. Rogério was until then unaware that the family had overcome dire circumstances of subsistence. Originally composed of numerous siblings, the family was eventually forced to be internally displaced throughout Brazil. Dora lived with the conviction that she could not let her sister's legacy be lost and her efforts to raise her children go in vain.



During these sessions, it became possible to analyse how the control of money had become a central symptom linked to the trauma of this family. An inference about Magda, in the phoric function of her illness for this family group, is that the symptom that caused her crisis was precisely a hypomanic crisis related to the loss of control over financial spending, probably associated with the transgenerational traumas that the family went through, due to their condition of social precariousness. To overcome poverty, they were forced to live a financially austere life. Thus, we can observe the symptom that underscores the precariousness of meta-psychic and meta-social supports. As for Rogério, his resistance in accepting his aunt pay for his care could also be interpreted as a displacement of the familiar trauma.

During his risky forays, Rogério noticed that his attitude was a reflection of his uncertainty about his parent's return and that he wanted to risk seeing what it would be like to "live alone in this world." Dora's participation in these sessions helped to build the foundations of the next phase of his analysis. Dora again offered to let Rogério come live in her house, but he refused again. He preferred to take care of the family home, until, as he saw it, the eventual return of his parents, even if this cost him many hours a day traveling on public transport. But, at this time, it was possible to design a routine that he was able to follow under close supervision of his aunt and cousin. Rogério refused psychiatric care, but said that if he became excessively distressed, he would agree to undergo an evaluation.

In the following months, Rogério's self-destructive behaviours decreased considerably, however, he plunged into a deep identity crisis. He had wondered if he could be bipolar and worried if he was at risk of having an episode like his mother. He constantly changed his photo on the chat app, appearing each week in the sessions with new hairstyles, clothes and appearances. He mixed men's and women's clothing, exploring various fashion styles.

Rogério's case is an example of suffering that is of a group nature, specific to this case, are the internal groups (Kaës, 2011), which suffered due to the lack of meta-psychic support from the family group. Through analysis, his student life at university and with the acceptance of his aunt and cousin, Rogério was able to access plural identifications of an Oedipal nature, because it is in fact the plurality of identification that characterizes the Oedipal; in bisexuality, the subject identifies with his father and mother. His brother's violence, by not accepting his homosexuality from an early age, prevented Rogério from finding in his family of origin the necessary identificatory support so that he could psychically integrate the plurality of his Oedipal identifications.

Incrementally, Rogério began to trust that analysis, family and university could form a continent upon which he could explore the various facets, characters of his Self. Theatre became an integral function to him during this period. Rogério played roles that were sometimes pleasant, often aggressive and unpleasant, moving between the



masculine and feminine universes. He joined a theatre group where he was able to engage with great dedication until the end of his degree.

However, this experience brought back a very unpleasant memory for him, which helped understand how, in fact, his sexuality had always been experienced as being marginalized. Around the age of 12 or 13, he was recruited into a love triangle with an elder professor and his partner, having had sexual relations with the couple for a certain period. He broke it off on his own initiative and said that he had never mentioned this episode to anyone. The resurfacing of this experience left him extremely distressed. From here on, he was able to deepen his commitment to analysis which allowed him to realize that due to his age and the age difference between him and the couple, the sexual encounters could not have been consensual.

Over the course of several sessions in which he recounted this juncture of his life, he began to realize that no one in his family had noticed what he had been going through and with this, he understood it to be sexual abuse. A sense of excitement and fear reemerged in him, just when he had sought out sex on dark corners and alleys. He began to verbalize his outrage that no one within his family unit had noticed anything. This insight allowed Rogerio to move on from the melancholic position, de-idealizing some fantasized “golden past” as if there had been a moment in the family when he had felt safe and protected. Slowly, he came to realize that he had had to learn to defend himself from a very early age, in relation to his brother's violence and his parents' conditional neglect. He came to interpret that a part of himself, his sexuality, could not ever be integrated internally because it had always been marginalized within the family and, as such, became acted out in a dangerous way outside the home. By finding a place of acceptance in this neo-group (Granjon, 2007), formed with the support of analysis, his aunt and his cousin, Rogério was able to find a place for what had until then remained split within himself.

Over time, he was able to organize himself into being independent and integrated. He was hired by a school that allowed him to live closer to the university. He remained in analysis for four years until he graduated at the age of 21, when he finished college in the expected time. He finished the course gainfully employed and with financial independence that allowed him to continue to pursue his own path. Until the end of his analysis, his parents visited São Paulo a few times to collect a few belongings to never return. Rogério chose to bring his analysis to a close when he was awarded his undergraduate degree.

## Conclusion

Magda's mental illness within a fragile family genealogical envelope, caused a collapse in the precarious family meta-psychic support at a crucial moment of



Rogério's development, which threatened his already compromised narcissistic identity foundations. During his early adolescence, his sexuality was not abetted by unconscious alliances of this family, mainly due to his father's fragility and his brother's hypermasculinity. The ostensible dissolution of the nuclear family left him bereft to the marginalized parts of the city, causing him to relive his unelaborated traumas, including the sexual abuse he suffered in early adolescence.

The loss of hope in finding good respondents, which to allow him to accept good care encounters with his aunt and with analysis, was a consequence of his most archaic experiences that confronted him with helplessness (Roussillon, 2019). The first experiences of primary symbolization of good early encounters, form the basis of the experiences of secondary symbolization, where separation processes are possible. It is in intersubjectivity that we develop our intrapsychic capacity to establish good encounters and good separations, without them representing threats of intrusion or helplessness. Narcissistic fragility confronted Rogério with a paradoxical situation: when trying to go it alone, without references, he was drawn to dangerous and risky situations. Admitting that he needed help confronted him with an identity crisis arising from the collapse of a fragile omnipotent narcissism.

Throughout the emergence of the crisis during Rogério's analysis, to untangle himself from this crossroads, it became necessary to temporarily create a clinical setting that could integrate different psychic apparatus, such as the one created in the individual care space, but also the psychic apparatus created within the new setting, that included his aunt. This device helped to develop a new familial psychic apparatus, composed of Dora, Rogério and his cousin, that was invited to come to the sessions, however she could never be there. Over time, Rogerio managed to build new supports at the university, in the theatre group and, later, at the school where he went to work.

The role of the analyst in this case was to support a space that would allow for the weaving of a new protection network, attenuating the existent antagonism of Rogerio's intrapsychic space and the intersubjective spaces, that could be observed in the antagonism between the spaces inside and outside the treatment room. Thus, through its phoric function, these two analytical devices could accommodate Rogeiro's suffering, allowing the emergence of the semaphoric function (Kaës, 1993), where these traumatic contents could be received and transformed.

The familial device fostered access to the transgenerational dimension of the trauma experienced by the family, which probably also contributed to Magda's mental illness and, therefore, the breakdown of the family's psychic envelope. Work on traumas associated to filiative ties allowed the reconstruction of new affiliative ties that could offer new metapsychic support to Rogerio. Probably, this content could only be accessed by this new device. Thus, in the individual setting, he was able to



access aspects related to his identity/sexuality, which had been split until then, and could be accessed and integrated psychically.

The understanding of intersubjective psychodynamics allows for the discernment, in this case, what was at stake in each of the psychic spaces, as well as the potential and limits of each of the devices used in this care. The construction of new supports for the intrapsychic space in a new multi-subjective setting was a necessary condition for the continuation of this analytical work, when the illness of a member of this family reconfigured the family Gestalt, requiring the formation of new psychic envelopes, based on what we can call the construction of neo-continents formed by these new support networks, which are simultaneously psychic, familiar, communal, and social.

## Bibliography

- Anzieu, D. (1993). *O Grupo e o inconsciente: o imaginário grupal*. São Paulo: Casa do Psicólogo.
- Benghozi, P. (2011). *Malhagem, Filiação e Afiliação*. São Paulo: Vetor.
- Bergeret, J. (1995). *La violence fondamentale*. Malakoff: Dunod.
- Bleger, J. (1977). *Simbiose e Ambiguidade*. Rio de Janeiro: Ed. Francisco Alves.
- Coelho, N.J.E. y Figueiredo, L.C. 2004. Figuras da intersubjetividade na constituição subjetiva: dimensões da alteridade. *Interações - Estudos e Pesquisa em Psicologia*, 9 (17), 9-28.
- Granjon, E. (1986). L'enveloppe généalogique de la famille. In *L'Œuvre ouverte...*, Actes des Journées du COR, Arles.
- Granjon, E. (2007). Le néo-groupe, lieu d'élaboration du transgénérationnel. *Le Divan familial*, 18, 93-104.
- Kaës, R. (1993). *Le groupe et le sujet du groupe. Éléments pour une théorie psychanalytique du groupe*. Malakoff: Dunod.
- Kaës, R. et al. Transmissão da vida psíquica entre gerações. São Paulo: Casa do Psicólogo, 2005.
- Kaës, R. (2000). Um pacto de resistência intergeracional ao luto: transmissão psíquica dos efeitos da morte de uma criança sobre os irmãos e irmãs e sobre sua descendência. In: O. Correa (Comp.). *Os avatares da transmissão psíquica geracional* (pp. 97-110). São Paulo: Escuta.
- Kaës, R. (2011). *Um singular plural. A psicanálise à prova de grupos*. São Paulo: Edições Loyola.
- Kaës, R. (2012). *Le Maître*. Malakoff: Dunod.
- Kaës, R. (2014). *As alianças inconscientes*. São Paulo: Editora Ideias & Letras.
- Pichon Rivière, E. (1985). *O processo grupal*. São Paulo: Martins Fontes.



- Roussillon, R. (2019). *Manual de prática clínica em psicologia e psicopatologia*. São Paulo: Blucher.
- Sanahuja, A., Silveira, F. y Puthomme, S. 2022. El neo-grupo en la terapia familiar y sus efectos terapéuticos. *Psicoanálisis e Intersubjetividad*, 10.