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Tribute to René Kaës

Unconscious alliances in the couple's bond

Rosa Jaitin*

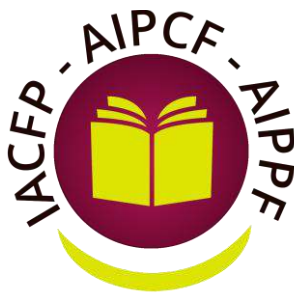
Abstract

This article by Rosa Jaitin pays tribute to René Kaës by exploring the concept of unconscious alliances in couple relationships. The author explains that these alliances' structure intersubjective and transgenerational bonds through unconscious defense and transmission mechanisms. The clinical study of a couple inheriting the trauma of the Armenian genocide illustrates how unprocessed trauma is transmitted across generations. The couple is built around a narcissistic pact aimed at repairing filiation wounds. However, this alliance also becomes a source of suffering, guilt, and pathological repetition. The body, especially the woman's body, becomes the place where radical negativity is expressed through illness. Couple psychoanalytic therapy gradually allows traumatic contents to be transformed into representable elements. The therapeutic process acts as a transitional space promoting symbolization and psychic elaboration. Finally, the article highlights the importance of social and cultural contexts in the transformation of unconscious alliances.

Keywords: unconscious alliances, transgenerational transmission, radical negativity, couple

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relationship, trauma.

Résumé. *Les alliances inconscientes dans la relation de couple*

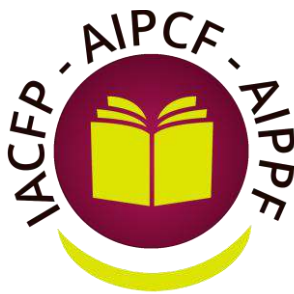
Cet article de Rosa Jaitin rend hommage à René Kaës en développant le concept d'alliances inconscientes dans les relations de couple. L'auteure montre que ces alliances structurent les liens intersubjectifs et transgénérationnels à travers des mécanismes inconscients de défense et de transmission. L'étude clinique d'un couple ayant hérité du traumatisme du génocide arménien illustre comment les traumatismes non symbolisés se transmettent entre générations. Le couple se construit autour d'un pacte narcissique destiné à réparer les blessures de la filiation. Cependant, cette alliance devient aussi source de souffrance, de culpabilité et de répétitions pathologiques. Le corps, notamment celui de la femme, devient le lieu d'expression de la négativité radicale à travers la maladie. La thérapie psychanalytique du couple permet progressivement de transformer certains contenus traumatiques en éléments représentables. Le travail thérapeutique agit comme un espace transitionnel favorisant la symbolisation et l'élaboration psychique. Enfin, l'article souligne l'importance des contextes sociaux et culturels dans la transformation des alliances inconscientes.

Mots-clés: alliances inconscientes, transmission transgénérationnelle, négativité radicale, couple, traumatisme.

Resumen. *Las alianzas inconscientes en el vínculo de pareja*

Este artículo de Rosa Jaitin rinde homenaje a René Kaës desarrollando el concepto de alianzas inconscientes en las relaciones de pareja. La autora muestra que estas alianzas estructuran los vínculos intersubjetivos y transgeneracionales mediante mecanismos inconscientes de defensa y transmisión. Distingue varias formas de negatividad: relativa, de obligación y radical, que influyen en la calidad de las relaciones humanas. El estudio clínico de una pareja heredera del trauma del genocidio armenio ilustra cómo los traumas no simbolizados se transmiten entre generaciones. La pareja se construye alrededor de un pacto narcisista destinado a reparar las heridas de la filiación. Sin embargo, esta alianza también se convierte en fuente de sufrimiento, culpa y repeticiones patológicas. El cuerpo, especialmente el de la mujer, se transforma en el lugar de expresión de la negatividad radical a través de la enfermedad. La terapia psicoanalítica de pareja permite transformar progresivamente ciertos contenidos traumáticos en elementos representables. El trabajo terapéutico actúa como un espacio transicional que favorece la simbolización y la elaboración psíquica. Finalmente, el artículo subraya la importancia de los contextos sociales y culturales en la transformación de las alianzas inconscientes.

Palabras claves: alianzas inconscientes, transmisión transgeneracional, negatividad radical, pareja, trauma.



Introduction

René Kaës was a leading figure in contemporary psychoanalysis.

My professional and personal journey is closely linked to him. As a model psychoanalyst, researcher, teacher and friend, he was characterised by his openness towards others and his simplicity.

In this article, in his honour, I shall revisit the theme of unconscious alliances in couple relationships based on a clinical case.

Unconscious alliances

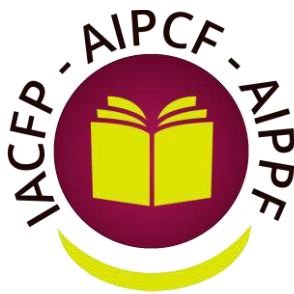
From 1988 onwards, René Kaës, a member of the Quatrième Groupe de Psychoanalyse, revisited the work of Piera Aulagnier (1975) and introduced the concept of unconscious alliances. He added the negating pact to the narcissistic contract, and distinguished different levels of unconscious negativity in relationships, which, depending on their degree, lead to either the protection or the poisoning of these relationships.

By including unconscious alliances in his theory, René Kaës deepens his conception of bonds, in the sense that the bond structure is always sustained by unconscious alliances. These organise the intersubjective and trans-subjective bonds of the subjects and are the “cement” of the psychic matter that binds individuals together. Unconscious alliances would thus be the result of different modes of bonding that produce the unconscious, imposing obligations on the subjects of the bond and a mutual psychic investment.

The subject of the unconscious is constructed within unconscious alliances as a subject in intersubjectivity. We could assert that these create the unconscious, which means that the psyche would be open to the unconscious of others. To form bonds with others, it is necessary to set aside disagreements thanks to the benefits of the modalities of the negative and the community of negation, which facilitates the creation of the bond network. Thus is how bonds are constructed through reciprocity and a community of defence mechanisms. (Kaës, 1993, 2007).

Alliances are subject to metapsychic and metasocial frameworks and guarantors. The alliance requires symbolic guarantors, that is, third-party witnesses to the union, represented by beliefs, the groups that uphold them, and social laws (Touraine, 1965).

When these guarantors are flawed or fail to fulfil their role, the formation of



pathogenic unconscious alliances is precipitated. Today, we are witnessing social and political dysfunctions, as well as collective catastrophes caused by multiple wars, forced migrations and climate disasters affecting our planetary system. In other words, when meta-social guarantors are deficient, metapsychic systems are affected, leading to the elimination of the prohibitions against death and incest.

I shall return to this aspect in my clinical presentation to highlight the links between meta-social and metapsychic guarantors.

Another characteristic of unconscious alliances is that they are subject to transmission, which is inseparable from transference. In addition to these transferable and transformable objects, René Kaës maintains that the “negative” is also, and above all, an unconscious organiser of the transmission of alliances, which vary according to the degree of relational negativity.

Degrees of relational negativity and transgenerational transmission in the couple

Negativity acts upon individuals to liberate the bond from its alienating and deadly components. The intersubjective bond is structured through denial, being, on the one hand, a defence mechanism and, on the other, a founding and creative activity of the psychic space.

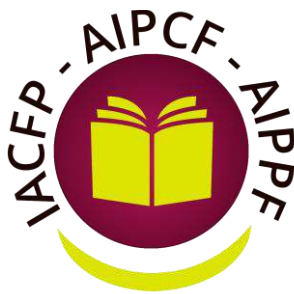
In 1988, René Kaës began to develop the concept of the denial pact, distinguishing two joint polarities.

The first is based on love, which enables mutual investments, shared identifications and a shared community of ideals and beliefs. On this basis, an intersubjective contract is established with the aim of setting aside differences and protecting the nascent bond. This generates a potential creative and idealised space that allows the foundation of the on which I am going to work, within a relationship of trust contained within a protective shell.

The second polarity is organised around the various defensive operations which, at their extremes, can destroy the subject and the bond. These defensive operations range from repression to denial, via splitting and exclusion.

Building on these developments, René Kaës (2009) paves the way for a trans-subjective metapsychology by proposing three degrees of negativity.

He distinguishes three modalities of negativity that determine the fate of alliances and which, as I have already mentioned, are constitutive parts of the unconscious. He differentiates between three degrees of negativity: the negativity of obligation, relative negativity and radical negativity.



These three modalities of negativity enable us to understand the intrapsychic, intersubjective and trans-subjective dynamics of the transmission of unconscious alliances.

Transmission is related to the need to ensure continuity between members and generations in the case of the family, and between members and successions in the case of institutions. Transformation allows a shift from raw elements to more representable ones and transforms painful psychic sensory experiences, making them more organisable and exchangeable to facilitate their symbolisation.

Relative negativity corresponds to the negativity established at the boundary between the unconscious, the preconscious and the conscious in Freudian theory. It is governed by defence mechanisms of secondary repression. The concept of relative negativity, proposed by René Kaës (*op. cit.*), could explain certain aspects of non-pathological “transgenerational” transmission. The subject of the unconscious is necessarily a subject of transmission.

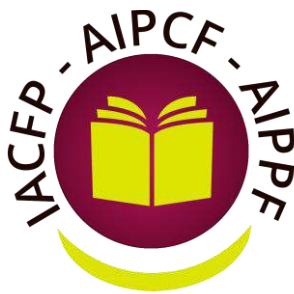
Obligatory negativity corresponds to the compulsion to produce the negative and is linked to the fundamental prohibitions against murder and incest. These prohibitions contribute to the construction of the symbolic death of the parents in identity-forming relationships. Although these prohibitions continue to exist, we are witnessing the violation of international laws and crimes against humanity that dominate the current state of the world. This climate exacerbates the current rise in abusive couples and families, as well as the massive emergence of femicides and incest.

Let us now turn to *radical negativity*, which is characterised by “that which is not”. This manifests itself in the experience of lack, in the proof of absence, in the encounter with the unknown, or in the absence of an encounter between one subject and another. It could be described, paradoxically, as the real that is neither perceived nor contained. The figures of the void and the blank are a close representation, since this unrepresentable background of radical negativity has as its backdrop separation anxiety and primal anxiety, which cannot be addressed either by repression or by denial.

Radical negativity concerns raw, untransformable, encrusted and incorporated, inert objects that attack the bonds of the couple and prevent their transformation.

René Kaës maintains that unconscious alliances are subject to the processes of the unconscious and that their forms vary according to defence mechanisms, whether on the side of repression or of that which cannot be repressed.

Throughout his book, Kaës demonstrates that the demands of repression are both intrapsychic and intersubjective, which is why he insists that they are constitutive of the unconscious. Another point to note is that the level of negativity in unconscious



alliances, and in particular in narcissistic pacts, depends on the defence mechanism mobilised (*op. cit.*).

I believe it is important to review defence mechanisms, particularly at the intersubjective and trans-subjective levels, in order to analyse the dynamics within the couple's relationship that I will address in my clinical work.

Defence mechanisms involving repression give rise to unconscious alliances relating to negativity and the negativity of obligation. Indeed, repression, in its original, primary and secondary forms, lies at the origin of the constitution of the unconscious.

Primordial repression marks the birth of the topography of the psychic apparatus, thanks to the separation of the Inc system and the Pc-Cs system, which inaugurates the topography (Balestrière, 2008). At the outset, the psychic apparatus is not differentiated from the body (Aulagnier, 1975), as we shall see later in the clinical case I am about to present, in which it is the body that bears the toxicity.

In traditional psychoanalysis, repression operates at the intrapsychic level and is associated with experiences of displeasure or excess of pleasure, drive overflow, and representations intolerable to the ego. This repression plays a fundamental role in unconscious alliances, but, as we shall see, it is not sufficient to understand the mechanisms at the intersubjective and trans-subjective levels.

At the intersubjective level, repression compels the subject to repress destructive drives in order to preserve bonds with others, who act as protectors and dispensers of pleasure and love.

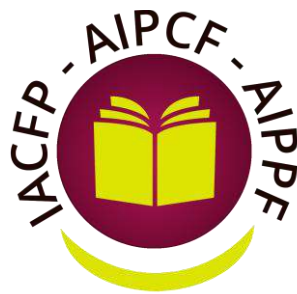
Other defence mechanisms, which operate outside of repression, are central to inter- and trans-subjective transmission.

The defence operations of trans-subjective transmission give rise to unconscious alliances woven by radical negativity, in which the defences are more complex than when they operate through repression.

These defences lie at the origin of "extratopic" unconscious processes and organisations. This means that they lie outside the intrasubjective topic. They operate at the economic level of Freudian metapsychology. In other words, psychic contents are expelled from the subject and deposited in inter- and transgenerational bonds.

The mechanism used is intersubjective deposition, which was initially studied by E. Pichon Rivière (1971) and J. Bleger (1995). At the transgenerational level, deposition takes the form of crypts, a discovery by Abraham and Torok.

Nicolas Abraham and María Torok (1987) introduced the notion of the crypt as a foreign body incorporated by the ego that contains the topicality of another person,



of an “other buried alive” who returns and torments subsequent generations. It is the story of an impossible mourning.

The significance of this model lies in demonstrating that transmission is not an immutable repetition but is constituted through a deviation necessary for the formation of a new subject.

Unlike introjection, the mechanism of incorporation would lie at the origin of the crypt. It refers to a phantom that cannot be metaphorized and, consequently, remains locked in a raw state. The subject remains stuck, literally, to an experience that cannot be thought. Incorporation reveals a gap in the psyche, a fault in a specific place where introjection cannot occur.

Incorporation passes through a crypt of language that becomes an indecipherable hieroglyph. Relationships are established between meaningless words, formal semantic rhymes with no apparent meaning. Another avenue through which the crypt manifests is the body, which becomes evident in the clinical case I shall present.

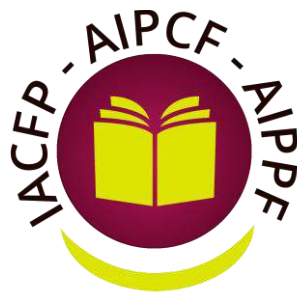
The crypt corresponds to a radical negativity produced by ectopic defence mechanisms. Psychoanalytic listening to bonds allows for the creation of a protective space that generates the necessary conditions for depositing painful experiences that the ego cannot assimilate. The central task of relational psychoanalysis would consist of creating a transitional space to house the transgenerational residues that always manifest themselves in the ruptures of the framework of relational therapeutic devices, which open and facilitate their expression.

These mechanisms of exportation, deposit and crypt are linked to another dual requirement – intrapsychic and intersubjective – which underpins these operations. These defence mechanisms, which operate outside repression, act in intersubjective transmission through denial, disavowal, rejection and exclusion, and organise the substance of pacts of denial, as well as the community of denial, perverse pacts and negative alliances based on hallucination.

Unlike alliances based on repression, in this case we are dealing with pathological and alienating alliances.

All unconscious intersubjective alliances combine these different components: some are symmetrical and homogeneous, and others heterogeneous and asymmetrical, as when the denial of one member of the relationship fuels repression in the other. These two operations are necessary to keep the relational fabric alive.

These operations are carried out jointly by both parties, sometimes by only one, but with the unconscious agreement of the others, since everyone derives an unconscious benefit. Repression, denial and exclusion place demands on each



subject in the bond to serve their own interests and those of the group to which they belong.

Alliances are all the more effective at remaining unconscious and producing unconscious effects when the deepest interests of the subjects involved in the relationship suit them and must remain unconscious to preserve it.

Through the clinical case I am about to present, we shall see how transgenerational transmission operates within the couple's bond when the families of origin have endured traumas that are difficult to articulate, and how the marital bond is dominated by a system of defences designed for survival and to overcome the guilt of the survivors of an extermination (Kaës, 1989).

Clinical vignette

The couple are both heirs to a trauma resulting from the Armenian genocide, which affected the three generations preceding them and was one of the determining factors in their choice of partner.

Couples' psychoanalysis began when they were in their fifties. It lasted five years and enabled an understanding of the mechanisms common to their families of origin, the quality of the intersubjective bond, and the intrasubjective or personal benefits that the marital bond afforded them.

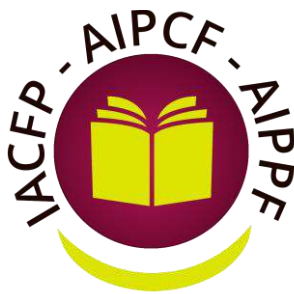
Their respective family branches were characterised by the exclusion of one or the other. In the woman's case, the maternal branch was excluded, and in the man's case, the paternal branch.

In the sessions, the representation of the bonds was dual, with the difficult inclusion of a third party.

Another characteristic common to both was extreme dependence on their families of origin, which prevented them from creating their own marital bond. It was a matter of adding a child to the other's family. There was no difference between stepchildren and biological children.

In this situation, the couple's bond was created from a trauma that prevented any distinction between the families of origin and the spouses. This couple's bond allowed for the condensation of the trauma of exclusion to be represented, a real way of symbolising the difficulty of triangulation. The couple is thus founded as a fraternal bond (Jaitin, 2006, 2008).

The construction of this couple was intended to secure the narcissistic contract designed to maintain the filiation bond, as the alliance allowed them to satisfy the narcissistic and object-related investments that suited both of them and their



families.

The challenge, the mission of this couple, was to become parents, in an attempt to move beyond their status as heirs to a genocide and to make amends for the vast scale of the losses, opening a future on the side of life. In this sense, the couple's bond served to structure the parent-child bond. The marital alliance provided this couple with support in the face of the transgenerational trauma they were working through.

The unconscious alliances they established between themselves enabled them to weave a reciprocity and a shared set of defence mechanisms to cope with the various manifestations of the negative in their personal psychological lives and in their life together. However, the constant reproaches that emerged in the sessions highlighted the lack of harmony and complementarity between their defence mechanisms.

This couple was formed around the illusion that shared cultural origins were sufficient to unite them, thereby fulfilling the family mandate to enter into the narcissistic contract, intended to heal the wounds of their own filiation caused by the genocide, as I have already mentioned. Both were successful professionals, ideal children "chosen" for generational succession.

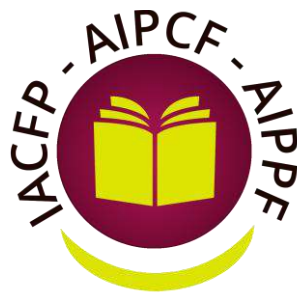
But every transgenerational inheritance includes elements that remain waiting to be represented, though this does not mean they are necessarily of a traumatic nature. This corresponds to relative negativity, governed by mechanisms of repression and displacement. In other words, there are conflicts inherent to each spouse's Oedipal configurations – personal intra-familial conflicts that await representation in a therapeutic process.

Affiliation to the marital bond is intended to resolve personal conflicts with one's own filiation. In other words, unconscious marital alliances operate as filiation switches, since, in affiliation to the marital bond, the spouse receives and also bears the traces of another's filiation, as well as those of their own.

Thus, filiation acts as a genealogical organiser that allows an individual to position themselves in relation to their ancestry and their descendants. Each subject is inscribed in a fourfold filiation heritage: in their own body, in the generations that preceded and will succeed them, in their contemporaries and in gender differences, as well as in the sociocultural context of birth and adoption.

When an experience or lived reality of one of the partners cannot be processed, it is displaced and deposited within the marital alliance. This bears the fragilities of the individual's own filiation to initiate a process of elaboration and representation that benefits both.

The unconscious marital alliance is a common and shared psychic formation in which the couple is a constitutive part. It is the common and shared formations of



psychic matter upon which the couple's bond is built, in which both spouses participate.

Unconscious alliances aim to secure a common interest through a shared action also intended to satisfy an individual objective of each partner that could not be achieved in isolation without the presence of the other.

Couple and family bonds are organised around specific objectives, that is, conscious and unconscious tasks that relate to interests common to everyone in the bond and which connect them, providing satisfaction.

In this sense, René Kaës argues that «the alliance is both a process and a means of achieving unconscious goals». These goals may be shared or significantly different for each party to the alliance and remain unconscious to sustain the bond (2009, p. 36).

The affiliative partnership within the couple's bond offers a new opportunity to create a new identity based on a new creative contract upon which the bonding project will be built. It is from the perspective of the fabric of the bond that, even if the alliance is a carrier of illness, it is also recognised as having a potential for life that allows for its development and transformation.

Conjugal body and radical negativity

In this couple, the female body functioned as a container for radical transgenerational negativity. Masochism was a particularly active mechanism in the women, who sought to punish themselves physically with breast cancer, in an attempt to transform the experience of breast mutilation during the genocide. The curse inherited from both lineages was expressed in her reproaches and his withdrawal. The couple's bond was established between two defensive poles: abandonment and intrusion.

The couple failed to function as a libidinal outlet, and the hatred was displaced onto the women's bodies. This hatred was also projected onto the spouse's family and manifested itself in an experience of invasion on the part of the woman and depression on the part of the husband.

For this couple, individuation was experienced as a betrayal, as both partners were bound by a narcissistic pact: an ideal couple whose mission was to heal the wounds of their ancestors. Their grandparents had been the architects of their engagement and marriage. The difficulty of creating a conjugal self within a new time and space had caused them problems, as to achieve this they had to be capable of reinventing themselves and breaking with their origins in order to recover the living part of their heritage (Altounian, 2005).



The support of shared sexual arousal was inhibited, and sexual pleasure was abandoned in favour of a morbid pleasure. The couple fulfilled a toxic and paradoxical function: everyone told them they made a good couple, yet each felt harmful to the other. The pain caused by the woman's recurrent cancers and the distress over the man's mother's illness were shadows that haunted them.

What were the psychic mechanisms that enabled them to build their marital relationship? Every alliance is underpinned by a drive-based investment and a phantasmal atonement that function as dynamic and structural organisers of the bond. In this clinical case, the marital alliance was based on the difficulty in repressing the death drive.

However, to consolidate, unconscious alliances must mobilise common, mutual and shared processes of identification. The subjects form an alliance through a twofold movement: they identify in the other what may serve their own interests and those of their partner. On this basis, they identify with one another, whether through a shared trait or the mutual borrowing of a different trait, which enables them to find a source of pleasure within their respective psychic spaces. This is what is meant by relational identifications.

These two psychic operators must be placed at the service of the alliance, fulfilling various functions. Among these are the basic experience of security, the fulfilment of desires and erotic satisfaction. Also included are the acceptance of fundamental prohibitions, the reinforcement of defences and the facilitation of transgressions. However, this couple was plagued by phantasmal dysfunctions and sadistic and masochistic disidentifications that prevented them from putting themselves in the other's shoes.

This couple came together in the hope of settling the debt of the family members who survived the genocide. Guilt also permeated the transference field; from the very first session, I sensed that I was receiving them before their scheduled time, to the detriment of the patient who had come before them.

The transgenerational guilt was borne by the bodies of the women in the families. In the second year of therapy, the woman developed breast cancer, which reignited the history of cancer in the women of both family lines, as if it were a self-fulfilling prophecy. Cancer was a point of connection between the two family branches. A short while later, the woman developed a second cancer in another part of her body, which made me doubt my work and left me feeling guilty.

This guilt was also felt by the couple. The family home, representing the conjugal body-space, did not function as a place of rest and relaxation, but as a labour obligation to keep it alive. The ancestral mark of destruction, symbolised by the grandparents' homes, which had been looted and destroyed, was also present. The feeling of coming from nowhere disrupted the process of symbolising the mourning



for the collective massacre. They found it difficult to recover the representation of what had once been a safe space, a narcissistic base that would allow them to break free from the prison of their heritage and face the differentiation and individuation of the couple's bond.

The third space of couple psychoanalysis gradually created an opening, as they were encouraged to look at themselves in the mirror that is set up in the therapeutic process.

Let us now see how all this unfolds within the framework of the transferential, counter-transferential and inter-transferential fields. The breaking of the framework was the way in which this couple was able to move forward in the therapeutic process (Jaitin, 2007).

In the third year of couple psychoanalysis, the woman stopped attending sessions following the death of her mother, which was soon followed by the loss of her best friend from childhood.

The man attended only two sessions, under the principle of restitution that I always apply in relationship-building work. The summer holidays arrived and she didn't turn up. I felt helpless and had the sense that they wouldn't be coming back.

At the start of the new working year, they arrived punctually for the session. The woman returned as if nothing had happened, acting as though her absence from the sessions had never occurred. During the summer holidays, she suspected her husband of being unfaithful. Indeed, in the face of this traumatic grief, the husband did commit infidelity.

The melancholic core of this couple is transformed into sexual arousal, accompanied by a sense of guilt, as if a heresy had been committed. Death, associated with the trauma, is encoded within the conjugal self. Sexual arousal replaces the intolerable pain of loss. The violence of the emotions reactivated by the death of the woman's mother has led the couple to escape the pain and transform it into sexual arousal experienced as a transgressive act.

The death of the woman's mother becomes conflated with the past drama. A triple sequence is established through three associative chains of acting-out. The woman's withdrawal from therapy correlates with the man's manic reaction—as he seeks another woman to cope with the grief over his mother-in-law's death—and with the woman's experience of abandonment, which manifests as anger and anxiety at the risk of losing her partner. These events confront us with the phenomenon of relational transference or filial transmutation. For this man, the loss of the “mother-in-law” reveals a couple's bond structured as that of siblings. This fraternal bond operates as a filial switch (Jaitin, 2006, 2020).

The figure of “disappearance” is deposited in the transference scene. This



triangulation between the couple and the therapist cannot yet be addressed by the spouses and manifests itself across the three levels of the transference field. This figure is mobilised through the transference deposit in the sessions, in my experiences of abandonment at the counter-transference level, and in the inter-transference between them, where traumatic grief is transformed into excitement (Torok, 1968).

This triple deposit allows the drive-driven unfolding to be economised and brings to light René Kaës' hypothesis regarding extratopic bonds (Kaës, 2015).

Each person's intrasubjective topicality is reciprocally displaced into the other. In this couple, the transgenerational—that is, the unsymbolisable and unspeakable aspects of previous generations—is deposited in the transference field.

Relational therapies, whether group, family or couple-based, bring us closer to Kaësian metapsychology regarding the extratopism of the unconscious and bring to light the pathways of transgenerational trauma transmission. These are addressed in the transference-countertransference and intertransference field, which houses the extratopic bond of the couple and the analyst in the here and now of the therapeutic setting.

Negative transference manifests itself at two points in the therapeutic process: the first, following the death of the woman's mother; and the second, following the death of the man's mother, which occurred simultaneously with the date we had agreed for the end of therapy.

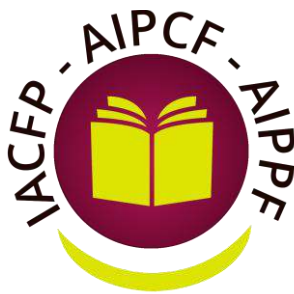
Repercussions on sibling relationships

The death of the woman's mother destroys the idealised bond she had with her siblings, who begin to fight over the distribution of the inheritance. A settling of scores between the favoured children and the outcasts (Jaitin, 2006, 2008).

In the man's case, the sibling bond is strengthened when his mother dies after a long illness. The rapprochement with his sister-in-law eases the rivalry between these two women and, consequently, the couple's relationship.

This event occurs during the fifth year of therapy; the period previously set as the end of the couple's psychoanalysis. The woman disappears from the therapeutic scene once again, as she did when her own mother died, in a confusion of identity mirroring that of her spouse. Two sessions with the husband mark the end of the therapy. I was unable to say goodbye to her.

The woman sent me an email with a list of grievances. The husband adopts his usual stance as mediator between his mother and his wife. I am overcome by a feeling of



helplessness and wonder what the therapeutic limits of the couple's therapeutic framework are. But my work as an analyst consists of containing the projection. My hope lies in thinking about the *après-coup*, that is, the possibility of a future transformation.

Two years after the therapy ended, the lady wrote to me to send her best wishes and thank me, and to inform me that she had started individual therapy; the call was an act of reparation that comforted us both. Some time later, she wrote to me again to say that she had not fully understood what had happened at the end of the treatment. I replied that it would be best for her to work through the issue with her analyst.

The therapeutic process began with the woman's physical suffering and ended with the acting-out of abandonment in the transference field, following the death of her detested mother-in-law. This highlights the confusion between death and separation, as well as the projection of relationship issues onto the woman.

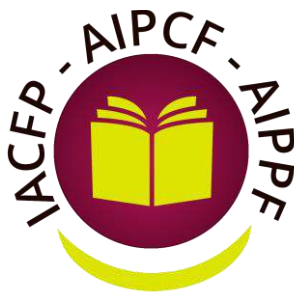
The shift from radical negativity to relative negativity?

Therapeutic work in the psychoanalysis of relationships aims to create sufficient sensory conditions of containment to allow the emergence of processes of figuration and symbolisation, thanks to the relaxation of defences.

If the other's psychic space within the couple can handle the negative and functioning as a container, the creation of a transitional space mediated by the analyst could provide support for the representation of the unthinkable. The therapeutic demand arises in the hope of alleviating the tumultuous relationship of the couple in crisis. The therapeutic apparatus allows for the creation of containers that function as a protective envelope. This negativity would have an organising function that would allow for the reappropriation of the representation of what, until that moment, was not symbolisable. But, like everything else, it has its limits.

In summary, we can say that this couple constructs itself as a basis for working through the guilt of survival and as a space of mediation between the trauma of genocide and future generations. The therapeutic work enabled them to confront the narcissistic functions of mutual recognition and to transform the degrees of negativity through the enactment, within the transference, countertransference and intertransference fields, of the "polytopy" and "ectopy" of the unconscious alliances within the couple's bond (Kaës, 2015).

But every therapeutic framework was embedded within a sociocultural and political meta-framework. The therapeutic process took place at a political juncture, at which the country where I live recognises and condemns the genocide. This support for the meta-framework underpinned my work, insofar as the genocide was socially



recognised and the cultural community erected monuments and created spaces to bear witness to the genocide, even though it is still denied by the perpetrators.

I would therefore like to pose some further questions for my readers to consider:

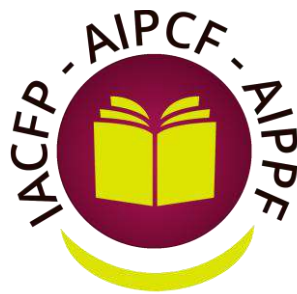
Will the unconscious alliances that form the bond between partners – and which today are suffering the effects of the collapse of meta-social and meta-psychological guarantors – remain constant in the future?

Are unconscious alliances unchanging because the unconscious does not change, or do we, on the contrary, observe significant structural and functional changes?

Genealogy does not seek to reconstruct the continuity of a history, but rather to understand events in their singularity, their accidents and their discontinuities. Psychoanalytic relationship therapy confronts families and couples with the actualisation of their histories and truths as subjects of knowledge. In this way, it helps to relate their histories to the social, cultural and political context, that is, to the present in which the subjects of a relationship live.

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