

## BONDING AND TRANSGENERATIONAL TRANSMISSION: GENERATIONAL TELESCOPING, TRAUMA AND THE EFFORT TO BUILD A WORLD OF ONE'S OWN



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### ABSTRACT

This article is the result of a research that relates the importance of addressing the processes of psychic transmission in the care of families based on the framework of Bonding Psychoanalysis. Specifically, we will address the relationship between transgenerational transmission and trauma from the theoretical-clinical conception of generational telescoping. The construction of this research was based on the intertwining between the issues that emerged from the clinical care of a family that sought therapy due to symptoms presented by their adolescent daughter. During the psychotherapeutic process, it became evident that many of the difficulties faced by the adolescent in her process of subjectivation were related to the traumatic experiences faced by a lineage of women composed of her, her mother and her maternal grandmother. Family care allowed the traumatic experiences hidden between generations to be transformed into narratives, expanding the conditions for individuation and the construction of one's own world.

**Keywords:** Linking Psychoanalysis. Transgenerational transmission. Trauma. Subjectivation.

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## INTRODUCTION

To do so, we will define some of the concepts of Linking Psychoanalysis in which we are anchored. According to Gomes (2016), Linking Psychoanalysis consists of an expansion of the concepts of Classical Psychoanalysis, built from the consultations of groups, families and couples. In this sense, the theoretical-clinical constructs that underlie a bonding service move from the intrapsychic space (from which the foundations of Freudian Psychoanalysis were built) towards the intersubjective space.

The notion of intersubjective space, according to this theoretical approach, cannot be reduced to the understanding that, in intrapsychic space, different internal objects coexist and interact (this interaction being the foundation from which the intrasubjective world would be organized); nor should it be restricted to the result of the relationships between the subjects. According to the Psychoanalysis of Binding Configurations of French and Argentine orientation, the intersubjective corresponds to a singular psychic space that is formed in the bond.

According to Benghozi (2010), the bond comes from both the external and internal reality and refers, at the vertical level, to the bonds of filiation (which form a chain in which the ascendants and descendants of a family group are linked) and, at the horizontal level, to the group bonds of belonging. The bond is not the relationship between the subjects, but the bond that precedes and determines them, as well as everything that is transmitted consciously and unconsciously through this bond.

According to Berenstein (2011), a binding configuration is composed of two or more subjects linked to each other by a stable relationship, sustained by conscious and unconscious investments, processes and beliefs, composing a common and shared psychic space. For the author, the formation of individual subjectivity occurs through belonging to a group of origin: *a binding subjectivity recognizes that a subject becomes another from the bond with another, in which neither of them is the center of himself or of the relationship* (op.cit, 14).

Puget (2015), in turn, emphasizes that the Psychoanalysis of Binding Configurations presupposes an expansion of the concept of the unconscious, understanding the psyche as an open system in constant movement; engendered from a relationship of continuity and discontinuity between distinct dimensions: intrasubjective, intersubjective, transsubjective. According to Puget (op.cit), the psychic apparatus, understood as a binding structure, is in a permanent process of transformation; being modified both by the effects of the past (i.e.,

the articulation of a series of bonds that precede and surpass the subject, forming the foundation from which his subjectivity is constituted) and by the effects of the present (i.e., what happens from the encounter with the irreducible otherness of other subjects and the world).

In this sense, a bonding service turns to the singular psychic space built from the relationship between two or more subjects. In the case analyzed in this article, we will focus on the family link configuration. Berenstein (2011) defines the family as a set of subjects who relate to each other and feel part of a bond. In a family group, the subjects occupy places and roles that are determined to them before birth, and this has profound consequences in their processes of subjectivation.

## **METHODOLOGY: FAMILY CARE**

Based on the assumption that in the constitution of subjectivity, links from the present and the past are simultaneously intertwined (Piva, 2020), both the intervention and the research in the field of Linking Psychoanalysis will focus on the complex web of the links that constitute and transform subjectivities.

The patient of Psychoanalysis Vínculo is the bond. Thus, in clinical care for families, the focus shifts from the individual subjects to concentrate on the common psychic space that is woven and transformed in the continuous doing between the subjects. However, as Weissmann (2022) explains, the patient bond also covers the individual stories of each of the subjects in the relationship.

The patient is in the bond, which includes the subjects who constitute him and the marks of his personal histories, the marks of the binding histories previously lived and the cultural and social marks of the places where they were constituted (op. cit, p. 70-71).

Family care with children and adolescents usually begins with anamnesis interviews with parents or guardians, given that, in the vast majority of cases, the search is for individual therapy from a family member identified as "the problem". Thus, it is often necessary to have a path that allows the family to understand and build a demand for bonding care (Carnaúba et al, 2023). In the case that gave rise to this study, we did, after the anamnesis, six psychodiagnostic sessions with the adolescent, followed by feedback with the parents so that, finally, the intervention with the family group could begin. In this

way, we build the case, sometimes we refer to the individual consultations made with Isabela and, at others, to the set of anamnesis and family therapy sessions.

## **RESULTS: THE CARE IN PSYCHOANALYSIS LINK**

Isabela was a 14-year-old girl, referred with her parents to a family service. Since she was six years old, the girl had been undergoing individual psychotherapy. About a year ago she had started to be seen by a psychiatrist, on the recommendation of her psychologist. Both Isabela's psychologist and psychiatrist agreed that the suffering and symptoms presented by her were closely linked to the functioning of her family nucleus. However, Isabela's parents, at the beginning of the contact with the analyst, stated that they needed a "diagnosis" for their daughter, since they did not agree with the need for family care.

Isabela's family consisted of her, her father (who ran a family business) and her mother (who had quit her job as a social worker during her pregnancy and had been working on the family full-time ever since). In the first interview with the parents, Isabela's mother took the center and the floor, while the father retreated to his armchair, speaking only to confirm some of his wife's statements.

Laura, Isabela's mother, behaved in an agitated way; His speech was run over and seemed to obey its own logic. In addition, she interspersed her lines with moments in which she "pulled" the air, as if she had difficulty breathing. For her, the "problem of her family" was Isabela's unstable temperament. Laura said that her daughter, from a very young age, manifested sudden mood swings, was easily frightened (in her words: "she lived haunted"), had violent crises of anxiety and social phobia and repeated various "inappropriate behaviors" such as "crying for no reason" or locking herself in her own room to "avoid living with the family".

After listing "Isabela's problems", Laura added: "I was like that too. I spent my life going to doctors who diagnosed me with depression, panic, and other things. But I was the victim of a medical error, because my problem was hormonal and, since my hormones were regulated, I was great. Today, I have nothing left." For Laura, this could also be the case for Isabela. However, she suspected that there was "something more to her." During the consultations, it became clear that Laura was suspicious and feared that her Isabela "would go crazy".

During the initial interviews with the couple (anamnesis), the pattern of an almost manic speech by the mother persisted, accompanied by a silent withdrawal from the father. He sometimes seemed to sleep; in others, it resembled a wax doll sitting on a chair. During the process, gradually, Carlos began to explain the reasons for his silence in the sessions. His father chose not to speak because, according to him, in his house "his opinion was a losing vote". Anything he said was promptly refuted: sometimes by his wife, sometimes by his daughter. For Isabela's father, his words always ended up being used against him.

Gomes (2011) emphasizes that many times, when parents bring their "sick" child to the office, try to disguise individual and relationship difficulties, delegating the symptom to the child. Therefore, it is essential that the psychoanalyst is able to understand the dynamics of the family group's functioning. Only then will he be able to differentiate between suffering and complaints, and achieve an understanding of who, in fact, is the patient of the analysis.

In Isabela's case, the need to consider the suffering linked to and sustained by the structure of her family was evident. Moguillansky and Nussbaum (2011) emphasize that a family group is constituted from the formation of a common narcissistic base, capable of providing an illusion of belonging. This basis is sustained by the construction of a founding myth, making it possible for the members of the group to share the illusion of possessing the same illusion. Considering the illusion of belonging engendered by the narcissistic base common to the group, the authors (op.cit) differentiate some types of pathology that can affect families. There are families whose narcissistic base is not strong enough to sustain belonging. These families suffer from a *deficit* in their own narcissistic base, and they need to be helped to create or strengthen the foundations that allow the group to recognize itself in a common identity. On the other hand, there are family groups that have a sufficiently strong narcissistic base, but lack the space and conditions to salute and to recognize otherness.

Among the families that do not tolerate an order different from their own, there are sacred families, generally governed by a single order: the maternal one. In these families, the mother occupies the place of spokesperson for the sacred, while the father and the family of paternal origin are relegated to an accessory function. In sacred families, the separation between the order of the maternal family of origin and that of the current family did not occur. For this reason, generations and subjects cannot differentiate themselves from each other. In these families, every new meaning is experienced as potentially

maddening. We consider that Isabela's family had a mode of functioning similar to that of a sacred family: everything in it orbited around an intense and demanding maternal figure.

Laura, Isabela's mother, was the only child of a couple formed by a strong and authoritarian mother and a neglectful but loving father. It had been two years since Isabela's grandmother had died. After her mother's death, Laura decided that she needed to "keep her mother present in her house". Thus, she refurnished the house in which she lived with her husband and daughter, using furniture and decorative objects from her mother's house. In Isabela's room, Laura placed the dressing table and armchair that were in her mother's room, ensuring that her daughter loved it; although the girl, when asked, said she found her room "scary".

Anna, Laura's mother, came from a very religious and conservative family, being the youngest of a group formed by her older sister and two brothers. She had in her sister a role model and a caregiver, since the ten-year difference between them made Maria, her older sister, act with Anna more like a second mother than a playmate. When she was about to turn twenty, Maria, who was just a few months away from her marriage, was stricken by a "nervous illness": she did not leave her room, no longer helping with household chores and interacting with other people. With the end of the engagement, the situation worsened. Eventually, Laura's parents decided that Maria needed to "go live somewhere else." Isabela's grandmother later told her daughter Laura that no one explained to her what was happening to her sister. "Overnight", Anna's sister changed completely: she became unable to live with her family and to take care of herself. Maria did not marry, did not form a family of her own and, throughout her life, remained between comings and goings: from her family's home to "the place where she needed to go when it got worse".

As she grew older, Anna began to suspect that her sister had gone "crazy," associating this with the story of an aunt on her mother's side who "as a young girl had to be sent to an asylum and never got back." At Anna's parents' house, it was forbidden to talk about what had happened to their eldest daughter. Even evoking his sister's name was not welcome. No one seemed to know the whereabouts of this sick sister: where did Mary go when, in her mother's words, she needed to "rest"? Laura, in turn, only learned about this "missing" aunt when, upon finding an album of old photographs, she asked her mother who was the curly-haired girl who appeared in many photographs, but nowhere else. At first,

Anna replied that Mary was her sister who had died young; but then he corrected himself by saying that Maria had become very ill, needing to go to live in a hospital.

The curiosity aroused by the discovery of this 'mysterious aunt' made Laura begin to take an interest in her story. However, Anna, after telling her daughter about her sister's illness, did not want to talk about it anymore. From the conversations she overheard hidden from her other family members, Laura understood that her aunt had suddenly been struck by "some kind of nervous illness" that prevented her from getting married and living her own life. Despite being removed almost completely from the family narrative, Laura's aunt seemed to constantly haunt her mother. Anna became an extremely concerned mother for her daughter's mental health, acting to her as if she suspected that "something very bad could, at any moment, happen." Anna often subjected her only daughter to exhaustive interrogations, trying to investigate her thoughts and moods. As Laura said in a session: "my mother kept asking me if I was really okay. He lived more than eighty years without ever ceasing to ask me that."

During the family consultations, Laura realized that she acted with Isabela in a very similar way to her mother. Like Anna, Laura was excessively concerned about her daughter's health ("for fear of some misfortune happening to the girl"), treating Isabela more as a part of herself than as a person endowed with an existence of her own.

In the consultations with Isabela, complaints about her mother were repeated. The most repeated phrase, in each session, was: "my mother can't leave me alone". When she returned from school, Isabela was greeted by Laura "with all kinds of questions about the day". Behaving like a typical teenager, Isabela responded to her mother in a monosyllabic and evasive way, hurrying to go to her room to be able to talk to her friends on *Whatsapp*. However, his mother's needy behavior drew attention. Laura did not allow her daughter to close the door to her room (which had no key), and rarely gave up trying to talk to the girl. Sometimes, Isabela locked herself in the bathroom so that "she could get away from her mother", but her mother insisted: she knocked exhaustively on the door, asking the girl to leave to keep her company. When Isabela refused, Laura "was sad" and, crying, told her daughter that she was an ungrateful girl who didn't even like her own mother.

In individual sessions, Isabela stated that she hated her mother. She felt disgust and anger at Laura because she was not respected: since the "enormous love" that her mother declared she felt for her daughter disappeared "the minute she did or said something that her mother did not want". Another recurring topic in Isabela's sessions was the invasion of

her privacy. The girl complained that her mother "had no idea", that she touched her body without asking her permission. According to Isabela, Laura still insisted on choosing her clothes and "correcting" her appearance. As an example, she said that not long ago her mother had tried to "straighten" her clothes in the middle of the street, running her hands over her breasts. Another time, in *the hall* of the building, Laura wanted to check if her daughter's skirt was the appropriate length for school and placed her hands between Isabela's legs in front of other people. When the girl began to scream in irritation and shame, Laura replied that her daughter should "stop the nonsense of feeling ashamed, because her body had come from her belly and grown inside her".

The image of one body within the other, when appearing in the analytic session, evoked another image: that of the Russian dolls contained within each other. Faimberg (2005) resorts to the idea of Russian dolls to explain a narcissistic modality of unconscious identification that she calls the telescoping of generations. The telescoping of generations refers to the intrusion, in the subject, of a history that does not belong to him, but that was transmitted to him by the previous generation. In this sense, it is a split, alienating identification, which is formed from the condensation of at least three generations, which, remaining "glued" to each other, stage the same story, where there is no possibility of individualization.

## **DISCUSSION: THE VIOLENCE OF THE TELESCOPING OF GENERATIONS**

In Isabela's family, grandmother, mother and daughter seemed to share an undifferentiated psychic space. In this sense, we now approach Isabela's symptoms from the hypothesis that her psyche could be permeated by undigested contents, coming from the psyches of her mother and grandmother. According to the concept of generational telescoping, an ascendant can remain imprinted in the psychic reality of a narcissistically chosen descendant. According to Faimberg (2005), in this process, the involvement of at least two generations is necessary, since the parents are not the only protagonists of the relationship: they are inscribed in a family structure permeated by alienating identifications.

In alienating identification, the subjective psychic space is appropriated and invaded by everything that the ascendants have not been able to accept (or transform) into their own histories. This type of identification does not occur through the transmission of representations (narratives, stories), but through the expulsion of remains: of contents that have not been psychically elaborated and that, therefore, cannot be integrated into the

psyche. Thus, in the alienating identification, voids (gaps in the psyche) and excesses (embedded objects that occupy the individual psychic space, preventing the construction of one's own psyche) are simultaneously transmitted to a subject. In generational telescoping, rejected parts of the parental psyche are transmitted to the child, whose psychic space begins to serve as a place of continence for the family contents that have remained suspended, unmetabolized and awaiting elaboration.

In Isabela's family, symptoms circulated that seemed to evoke contents not elaborated by the maternal lineage. When Laura, in the first session, defined her daughter as a "haunted girl", referring to a state of fright and apprehension that she had perceived in Isabela since she was a child, our attention turned to understanding whether Isabela was being "haunted" by ghosts from previous generations, which, rotating her psyche, manifested themselves "in a constant state of anxiety for no reason", as she herself stated.

In individual consultations, Isabela complained about the presence of "a voice in her head" that did not leave her alone. This voice told her that she was a bad daughter, a failed student, a worthless person, an ugly teenager, "with a spoiled head, full of problems." This voice that constantly judged and criticized Isabela was accompanied by a permanent fear of "everything, suddenly, going wrong and falling apart". Both the voice that cruelly tormented her, and the expectation of an imminent tragedy were sufferings shared by the teenager with her mother. Laura, in the family sessions, considered that the excessive protection of which her daughter complained came from a fear that "something very bad would happen to her". When the girl complained that her mother did not even allow her to take the elevator alone in the building where they lived, Laura replied that every time she left Isabela alone "she was tormented in her mind by thoughts of misfortune".

The belief of "having a damaged head", manifested by Isabela in the sessions, was linked to her mother's suspicion that her daughter could be "developing a silent schizophrenia". Such suspicion, Laura said she preferred not to tell her daughter, revealing only to the doctors and the psychologist. When asked to explain what she understood as a "silent schizophrenia", Isabela's mother said that it was "a picture of madness that can remain invisible to doctors and that, therefore, it is always necessary to investigate".

The idea of a latent state of madness that can erupt without warning seems to us to be related to events in Isabela's grandmother's family. Anna, the maternal grandmother, had her life marked by two disappearances: that of her aunt (who disappeared from the family narrative when she became "sick with nerves" and was admitted to an "asylum") and that of

her own sister (who, also affected by a "nervous illness", had the possibility of building an interrupted life of her own). According to Abraham and Torok (1994), there are family secrets that cross generations with their harmful effects. Focused on a clinic of the "ghost" or "haunting", the two psychoanalysts investigated how impossible grief, shameful experiences and traumas are psychically transmitted between generations.

Abraham and Torok (op.cit) emphasize that family censorship in the face of unspeakable stories - with the aim of preventing them from being passed on to other generations - engenders, on the contrary, a dangerous type of transmission. For these authors, excesses and gaps are transmitted that, invading the psyche of the descendants, will cause various symptoms (delusions, somatizations, automatisms, aversions, inclinations, etc.). Turning their attention to a clinic of trauma transmission, Abraham and Torok (idem) anchor themselves in a conception of the unconscious that goes beyond the individual psyche. This conception is similar to Puget's (2015) statement that the unconscious should be understood as an open system with individual, intersubjective and transindividual dimensions.

## TRANSGENERATIONAL TRANSMISSION AND THE TRAUMA CLINIC

According to Correa (1999), family secrets transit within a complex binding plot. There are, on the one hand, individual secrets that play a fundamental role in the processes of subjectivation. These secrets originate from the construction of a continent - a psychic membrane capable of delimiting and protecting the individual psychic apparatus - that is: they are secrets that are sustained and that strengthen psychic integration. On the other hand, however, there are secrets that threaten psychic integration because they break the binding web that serves as the foundation for the processes of subjectivation. Such secrets originate from negative pacts, which, according to Kaes (2017), correspond to everything that must be excluded, denied, or buried in order to maintain the belief system that makes up a binding alliance. In the words of Lima and Pennacchi:

In the family, certain issues were placed outside the daily agenda, but ended up constituting zones that agglutinated and organized a good part of the emotional and ghostly life of some members, provoking something on the order of a kidnapping (2022, p. 212).

Thinking about the zones of silence from which the psyche of some members of a family group is organized, Pennacchi (2022) emphasizes a fundamental question: how can

we know and appropriate the heritage we carry? If we understand that the individual unconscious is constituted within a binding web in which the family consists of the primary group, it is possible to understand how the processes of inheritance transmission occur. The belief system that sustains a family group is composed of conscious symbolic networks (the known stories about the family, forming a narrative heritage passed down from generation to generation) and, above all, unconscious symbolic networks (horizons of meaning that serve as an organizing structure for the processes of subjectivation). These networks make up a genealogical continent (Benghozi, 2010): the psychic apparatus of a given family group that will be transmitted between generations.

Kaes (2011) differentiates, in the processes of transmission, the transmission that occurs between generations (resulting from a work of elaboration and transformation, in which each generation and each subject become active heirs: capable of creating other contours and perspectives for what has been transmitted to them) from the transmission that takes place through generations. In transmission between generations (intergenerational) the possibility of differentiation is present. The past is welcomed and integrated into the present, becoming raw material for the construction of a future. Unlike intergenerational transmission, there is a type of defective transmission: transgenerational. In it, what is transmitted is not integrated into the horizon of meaning (genealogical continent) of the group psychic apparatus (Kaes, 2017). On the contrary, in transgenerational transmission, undigested contents are deposited on the psyche of the descendants, which, as Bion (1967) emphasizes, have not undergone a symbolic elaboration and, therefore, cannot be thought. Levisky (2024), in turn, emphasizes that the psychoanalytic clinic demonstrates that the mnemonic elements that have not acquired the status of verbal linguistic representation – when transmitted transgenerationally – cross subjects and generations through incorporations, projections, and projective introjections. Considering Kaes' (2017) statement that human bonds have an obligation to transmit, Granjon, in turn, emphasizes that:

Nothing can escape being transmitted in one way or another. No fault, no transgression, no death, no wrongdoing, with its burden of guilt and shame, can be abolished; they are obliged to be transmitted, including the impediments, interdicts, defense mechanisms that they arouse and placed to prevent the known, known or said of what should not have been, what was traumatic, that is, events that erupted, at a given moment in history, by destroying individual and group psychic para-excitations, causing the formations and processes capable of metabolizing them to fail, to make them thinkable, to integrate them into a psyche and a history (Granjon, 2000, p. 25).

Unlike what happens in intergenerational transmission, in transgenerational transmission what does not make sense is transmitted: that which cannot be put into words and that, therefore, does not acquire symbolic contours. These unrepresentable contents, however, have an affective intensity sufficient to cross the psyche of the descendants, interrupting the psychic work of transformation. Correa (2000) states that one of the main sources that feed the zones of silence (gaps in meaning) transmitted transgenerationally by families consists of shame; and, many times, one shame arises to cover up another.

Returning to the image of Russian dolls, in Isabela's family, the shame that befell her grandmother's family for the existence of a sister who "had lost her mind", probably covered up an even older shame of the aunt who "had to go live in the hospital". We find traces of this shame in Laura, who was "haunted" by the fear of an impending tragedy with her daughter. This fear manifested itself mainly in relation to men, causing Laura to try to protect her daughter from possible rape. Isabela, since she was little, was "reminded" by her mother that women can be attacked at any time and anywhere. The threat of rape, a lacerating attack on femininity (a violent invasion), can also refer to the entry into the psyche of invasive and destructive contents.

In Isabela, the threat of attack generally appeared in two forms. On the one hand, by the repulsion she felt from her own body, especially her vagina. For Isabela, seeing her naked body in the mirror was an unpleasant experience. She said she felt "ashamed to look and touch her own vagina". Even in the shower, she did it quickly, as if trying to get rid of an unpleasant experience. We understood that this aversion to the vagina, a bodily sign of femininity, was related to the anguish that the adolescent felt when she saw herself "persecuted by the voice inside her head that kept criticizing everything". Both situations referred, in our view, to the presence of destructive and intrusive contents that threatened his psyche with disintegration.

But how are these destructive contents constituted, which, prevented from being elaborated, cross and alienate psycheisms in a chain of generations? According to Lamanno Adamo (2021), trauma can be defined as a family event that imposes an excessive influx of tension: either due to its violent nature, or because it is an event that exceeds the capacity for continence and symbolization of the group psychic apparatus of that family. According to Trachtenberg (2023), trauma is transmitted through generations as raw toxic content. Since they have not been inscribed or symbolized, these contents remain

below representation: they cannot be part of individual or collective memory, being condemned to remain adrift in psychic space.

Unelaborated traumas interrupt the process of intergenerational psychic transmission, giving way to transgenerational transmission; which, by invading psyches with violence, does not preserve subjective and intersubjective spaces. Abraham and Torok (1994) created the concept of crypt to explain the effects that unspeakable grief and shame have on the individual, family and collective psyche. The crypt, according to the aforementioned authors (op.cit), consists of an extreme type of defense to which traumatized subjects who were unable to elaborate their sufferings resort. The formation of a crypt stems from a cleavage in the psyche. In this sense, the crypt can be understood as a kind of secret grave that remains embedded in the self.

The generation that carries a crypt is the one impacted by silenced and buried traumas. Generally, it is because of shame that silence sets in. In Anna's family of origin, Isabela's grandmother, the appearance of a mental illness that even today lacks a precise definition and generally raises a series of negative moral judgments about both the patient and the family, probably caused pain, astonishment and shame in the family group; which would justify an attempt to "erase" the event in order to prevent its passage to other generations. However, as nothing is totally erased, traces of this "crazy" aunt, removed from the life and memory of Anna's family, ended up being passed on to the next generation, focusing on the figure of her older sister, Maria, who was also affected by madness, having been removed from family life and narrative.

Considering that the family of origin of Isabela's grandmother had suffered the effects of the transmission of a crypt (formed, possibly, by the traumatic consequences of the madness of Anna's mother's sister), the following generations - which Abraham and Torok (idem) would call ghost generations - were in charge of carrying the unnamable. For these psychoanalysts (1994), the phantom generation receives only sensed contents: nameless anxieties that exert pressure on the psyches of the descendants. In Laura, the effects of unnamed fears and anxieties manifested themselves most forcefully in motherhood. Having suffered throughout her youth with generalized anxiety and depression, Laura considers herself to have been "cured" by motherhood. This cure, according to her, took place with the "hormonal rebalancing" achieved during pregnancy. We can suppose that, probably, Isabela became the depository of maternal ghosts. Faimberg (2005) considers that generational telescoping - which comes from an alienating narcissistic identification, which

occurs from a projective identification of the parent with his descendant - has as its main characteristic the invasion of the child's psychic space by the unelaborated contents of his ancestor. In this process, there is no respect for differences: everything that is not tolerated in the psyche of the parents is projected in the psyche of the children, enslaving them.

Faimberg (op.cit) emphasizes that one of the most disastrous consequences of trauma is the destruction of parental capacity. Traumas that could not be turned into stories appear as voids: gaps in the psyche that compromise the mother's ability to metabolize her baby's primitive anxieties. As described by Faimberg (idem), Isabela became a continent for her mother's unrepresentable anguish, receiving her unnamed voids, and being summoned to reverse her position and parentalize her own mother.

Love and Robinson (1991) call "emotional incest syndrome" a style of parenting in which one of the parental figures uses the child as a source of emotional support. In this parenting style, the child tends to be overloaded with a type of demanding love from which the parent unconsciously seeks to meet his own desires and needs by emotionally sustaining himself in the child. These authors (op.cit) explain that in family configurations marked by emotional incest, excessive investment in the figure of the child can happen in different ways. The parental figure can, for example, romanticize the relationship with the child, seeking in him a companionship and intimacy that should be sought in a relationship between adults. It is also possible that one of the parental figures remains fused with the child. Thus, the child becomes a "partner" and the authority of the parental figures is replaced by a horizontal relationship as if all the members of the family were adults or children at the same time. Another type of emotional incest is engendered when the child, instead of occupying a place of support for the adult, becomes the target to which they convert the anger and frustrations of their parental figure.

We consider that in Isabela's family, emotional incest manifested itself in the relationship with both parental figures. During the sessions, the pattern of relationship established on the one hand by the mother and daughter and, on the other, by the father and daughter, took shape. The first aspect that caught our attention was the lack of triangulation in the family group. The pair composed of the husband and wife was characterized, above all, by their immense fragility. Carlos and Laura seemed to have in common only the concern for Isabela. With the birth of their daughter, the two no longer had moments alone. They had never traveled without the girl, had no *hobby* in common and did not usually go out at night or on weekends without the presence of Isabela. Since her

pregnancy, Laura had been disinterested in sex. Together for almost twenty years, Isabela's parents defined their sex life as "quiet, sometimes a little stopped", in Laura's words, or "practically non-existent" according to Carlos.

Laura clearly used her daughter both as a continent for her anguish and as a possibility for personal fulfillment. Several times during the sessions, she stated that Isabela "was her life". This sentence, in our listening, made evident the position of the adolescent in the place of the maternal dream. On Isabela were deposited her mother's longings for happiness and personal fulfillment. Laura was concerned about choosing for her daughter an undergraduate degree at a university institution that would guarantee her "great jobs with the best salaries in the market". In the midst of the reasonableness of this concern, the mother emphasized that Isabela "needed to succeed and stand out". On her side, the teenager complained, saying: "if it was only with the profession that my mother wanted me to be the best, it would be fine". According to Isabela, since she was a child, she felt that her mother demanded too much of her: "I think my mother wanted me to be flawless, like a porcelain doll".

The image of the porcelain doll, endowed with ineffable beauty and fragility, seemed to us to translate Laura's motherhood, both as a daughter and as a mother. Laura considered that she had been "too protected from the threats of the world" by her mother, thus becoming a nervous and terrified person. He perceived his mother as a person in a constant state of alert, perpetually threatened. In the sessions, we outlined a process of repetition. Like her mother figure, Laura felt in her daughter an extreme fragility, not being able to get rid of a persistent sense of danger.

We consider that, in the maternal generational chain, traumatic traces of a sudden, misunderstood and silenced psychic disintegration were transmitted transgenerationally, from which the continuity of female existence became threatened. Since Isabela's grandmother, a nameless anguish circulated among women, lacking representation. The intrusive thoughts that left the adolescent in a state of paralysis, preventing her from performing activities such as: talking to her classmates, studying for tests, looking at her own body, also hindered her psychic development. Isabela couldn't grow up because she felt that everything threatened her, especially her own mind. The care of the adolescent and her family allowed us to gradually weave continence strategies for family anguish based on the construction of a common and individual narrative structure. The joint elaboration of a

horizon of meaning allowed new stories to be woven: different destinies for the continuous work of living in the midst of helplessness without, however, succumbing to it.

## CONCLUSION

The interest in investigating the impacts of transgenerational transmission on the processes of subjectivation emerged and gained strength along with the clinical exercise of bonding care. In our clinic, we realized that individual symptoms (as well as pathological patterns of family functioning), although manifesting in the present, evoked an often buried past. In the work of reconstructing individual and collective histories, we heard incomprehensible noises, which, as the clinical course with the patients developed, became more audible and acquired meaning.

We compare these incomprehensible noises to the sensation that comes over us when we know that we are alone in a place, but, despite this, we feel the presence of someone else. The stories of suffering and malaise of families seemed to be surrounded by "ghosts": absences that we could sense, but not name. The work of constructing a body – a symbolic outline – for these ghosts inevitably placed us before the effects of repetition. Mental disorders, addictions, adversities faced, repulsions and inclinations were repeated in the subjects and in their families. It was often necessary to undertake, together with the patients, an archaeological task: in an attempt to know the past, gathering fragments of the marks it left in the present.

Focusing our attention on the patterns of repetition and on the enormous difficulty that subjects have in interrupting what, in their lives, seems to happen without their knowledge, highlights the importance of continuing to investigate the effects that transgenerational transmission has on the processes of subjectivation in contemporary times. In the clinical case described in this study, a lineage of women deprived of a world of their own capable of sustaining their life projects weighed on the shoulders of an adolescent and her family group. Listening to his family from a bonding perspective allowed us to begin the work of composing other life scripts together: making room for the creation of (who knows?) new stories, less slaves to pain, impossibility and stagnation.

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