

## DIMENSIONS OF THE PSYCHOANALYTIC CLINIC WITH MIGRANTS IN SOCIAL URGENCY: THE TRANSFERENTIAL NETWORK<sup>1</sup>

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**ABSTRACT.** The present study sought to investigate, in the perspective of psychoanalytic clinic, a case study permeated by the specificities of the contexts of social urgency in the field of migration. Social urgency entails situations in which the lack of material conditions of a portion of people joins discourses that place the subject in positions of objectification, submission to the other in the social bond, therefore in situations of discursive helplessness (Rosa, 2016). The theoretical and clinical elaborations are based on the clinical experience that supported the construction of the clinical case of a child and their parents, Bolivians, marked by the consequences of slave labor and the child's autism diagnosis. Based on the movements arising from this case, we present the positions taken by the psychoanalyst facing a context in which the socio-political aspects of suffering articulate with situations of forced migration. This path converges in the effort to locate new approaches and psychoanalytic devices, which takes into account the subject position in the social bond, proposing significant changes vis-à-vis the demands addressed to the psychoanalytic clinic by institutional and social urgency contexts. In addition, we propose the notion of transferential network, as an instrument that guides the psychoanalyst's work with interinstitutional contacts, with professionals from other areas and with those who are in situations of social urgency.

**Keywords:** Psychoanalysis; immigration; politics.

## DIMENSÕES DA CLÍNICA PSICANALÍTICA COM MIGRANTES EM URGÊNCIA SOCIAL: A REDE TRANSFERENCIAL

**RESUMO.** O presente trabalho apresenta, no bojo da clínica psicanalítica, um estudo de caso permeado pelas especificidades dos contextos de urgência social no campo da migração. Entendemos como uma situação de urgência social aquela em que a falta de condições materiais a que uma parcela de pessoas é submetida se une a discursos que colocam o sujeito em posições de objetificação, de submissão ao outro no laço social, em situações, pois, de desamparo discursivo (Rosa, 2016). As elaborações teórico-clínicas estão fundadas na experiência clínica que embasou a construção do caso clínico de uma criança e seus pais, bolivianos, marcados pelas consequências do trabalho escravo e pelo diagnóstico de autismo do filho. Guiando-nos pelas movimentações oriundas desse caso, apresentamos as posições assumidas pelo psicanalista diante do contexto em que se articulam aspectos sócio-

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políticos do sofrimento e situações de migração forçada. Esse percurso conflui na direção de situar novas abordagens e dispositivos psicanalíticos que considerem a posição do sujeito no laço social, propondo possibilidades diante das demandas endereçadas à clínica psicanalítica nos contextos institucionais e de urgência social. Além disso, propomos a noção de rede transferencial, como instrumento que norteia o trabalho do psicanalista no contato interinstitucional, com os profissionais de outras áreas e com aqueles que se encontram em situações de urgência social.

**Palavras-chave:** Psicanálise; imigração; política.

## **DIMENSIONES DE LA CLÍNICA PSICOANALÍTICA COM MIGRANTES EN URGENCIA SOCIAL: LA RED TRANSFERENCIAL**

**RESUMEN.** El presente trabajo busca investigar, en el seno de la clínica psicoanalítica, un estudio de caso permeado por las especificidades de los contextos de urgencia social en el campo de la migración. Entendemos como urgencia social las situaciones en que la falta de condiciones materiales a que una parte de personas es sometida se une a discursos que colocan al sujeto en posiciones objetivas, de sumisión al otro en el lazo social, en situaciones, pues, de desamparo discursivo (Rosa, 2016). Las elaboraciones clínicas teóricas se basan en la experiencia clínica que apoyó la construcción del caso clínico de un niño y sus padres, bolivianos, marcado por las consecuencias del trabajo esclavo y por el diagnóstico de autismo del hijo. Guiándonos por los movimientos surgidos en este caso, presentamos las posiciones tomadas por el psicoanalista en un contexto en que se articulan los aspectos sociopolíticos del sufrimiento y situaciones de migración forzada. Este recorrido confluye en la dirección de situar nuevos enfoques y dispositivos psicoanalíticos que tomen en consideración la posición del sujeto en el lazo social, proponiendo cambios significativos frente a las demandas dirigidas a la clínica psicoanalítica por contextos institucionales y de urgencia social. Además, proponemos la noción de red transferencial, como un instrumento que orienta el trabajo del psicoanalista en el contacto interinstitucional, con profesionales de otras áreas y con aquellos que se encuentran en situaciones de urgencia social.

**Palabras clave:** Psicoanálisis; imigración; política.

### **Introduction**

This article presents a case study that highlights the importance of taking into account, in the construction of the clinical case, the incidence of social practices and discourses in the discursive helplessness processes (Rosa, 2016) in contexts of social urgency. From the clinical path adopted in the case, we also propose the theoretical-clinical notion of transferential network, which incorporates interinstitutional contact, social participation and the analysis of multiple transfers in the clinical work of the psychoanalyst in the social urgency field.

The clinical practice developed here refers to a specific portion of migrants: we deal with cases in which, for some reason (whether economic, the political, religious persecution, either due to natural disasters, escape due to conditions of extreme poverty or submission), a decision was reached that migration would be the only solution or that it

could be the means to a dignified life. In this context where the search for basic conditions of survival prevails, we defend that psychoanalysis has its place and its importance, as it can make explicit the subjective incidences present where concrete social conditions of existence are lacking. We note that in this scenario, traditional psychoanalytic devices are insufficient given the complexity of the situations in which immigrants are inserted.

The devices we work with vary according to the settings of each period at Casa do Migrante, a shelter for immigrants in downtown São Paulo, and that reflect a range of factors: international migration policies, national policies, the number of immigrants to be sheltered, where they come from, whether they are men, women, families. However, we have a minimum device, which is characterized by the offer of listening in the corridors of the institution. In this context of social urgency, we realize that appointments inside a room do not continue or do not even occur. From this minimum device, it is possible to propose new devices, such as group workshops, groups of children, individual assistance, therapeutic follow-ups or a group of employees.

Social urgency is represented by situations that encompass two spheres of incidence on the subject: it is not simply a matter of material deficiencies or something that the subject lived and was not able to elaborate, but also the plots of power in which he/she was entangled (Rosa, 2016), due to their religious belief, social class, lack of access to rights, skin color, etc. These are situations that carry the density of the articulation between a helpless subject - since socially excluded from the bond, or in objectifying positions in the bond with the other - and a set of social discourses that naturalize and justify their exclusion. Social urgency differs from other types of urgency, as it implies a social tangle that excludes the subject from the possibility of positioning in the tie, from where he/she could establish contact with the other.

This is the case of certain types of immigration in which the violence suffered by the migrant is updated in their arrival at the new place. When this occurs, the psychic dimension of urgency is manifested. Whether due to the anguish or the concreteness with which he/she expresses their complaints, an objective dimension comes to the fore, taken as being solely of necessity - as if what is needed was not linked to the importance of their plans, desires and the strength he/she had to overcome the adversities of the way. In these cases, a narcissistic shock is observed that leads to impasses in the bond with the other, in addressing the other, and, therefore, in the transference.

If this dimension is not taken into account, we see that professionals who deal with migrants often succumb to the urgency - even if they do not realize it at first. This can establish a dynamic in the work that, when entering the field of what is considered to be only of necessity, makes professionals to place themselves as those who should supply everything and know everything, sometimes causing the teams and institutions to become ill.

The face of need, which manifests itself through concreteness, hides - in the complaints of employment, housing, in the very crude account of what happened - a whole history of bonds, suffering and desires that is fundamental for the migrant to be able to establish themselves again. On the other hand, what he/she needs is usually the way in which he/she can build a first bond with the other; that is, the dimension of the need is also linked to a possibility of building oneself, from the moment when the logic of the needy and the assisted person does not occupy the whole of the relationships.

Situations of social urgency challenge us to deal with the urgency that takes over the entire field, showing itself in the relationships between migrants and the professionals who surround them. They urge us to inquire about how to work and manage the urgency in

this field in which the psychoanalyst is called upon to work with multiple relationships involving migrants, institutions and professionals from different areas. The impasses in these practices question, therefore, the intervention techniques and devices of psychoanalysis.

In this article, we sought to present a case report that vividly brings new solutions for the position of the psychoanalyst in social urgency fields, taking into account the articulation between the spheres of need and desire. Based on the results of subjective repositioning of patients and professionals involved in the case, we delve deeper into the specific aspects that social urgency and the migration situation bring to the case. In addition, we proposed the notion of transferential network, which is presented as an important organizer for the clinical positioning of the psychoanalyst who is faced with the socio-political implications of the discursive helplessness to which a migrant family may be subjected.

### **Psychoanalytic devices for the social urgency field**

The psychoanalytic practice, since the creation of psychoanalysis, has already undergone several changes, such as, for example, the establishment of work with the divan, the length of the sessions, the inclusion of projective materials in the analysis of children, groups, parents, couples, or the institutional analyses. Subjectivity is produced in the social bond itself and through the discourses that permeate the subject, which have impregnations of the social imagery articulated with the ghosts of social groups. As a direct consequence of this, the loss of a discourse of belonging breaks the social bond and generates rupture effects on subjectivity (Rosa, 2016).

Mario Pujó (2000) states that neoliberalism weakens the discursive structures that support the social bond and that safeguard the subject from the real, causing an increasing discursive helplessness. Rosa (2016) adds that, in situations of social violence, the subjects are deprived of a place in the social ideal and of a pertinent discourse. Discursive helplessness occurs when, due to the subject's position in the social bond, their speech is disqualified or meant to confirm stereotypes, or even when it is taken literally, without polysemy. The subject in social urgency sometimes identifies him/herself with the place of social waste in which he/she is placed in certain speeches, which can also make it difficult to position him/herself in the tie, in addition to the silence that this brings to their speech.

From these perspectives on analytical work, the field of social ties is also taken as a field of discursive ties. Social and political clashes are present and produced by them. The speeches of a given time point to the "[...] possible ways of belonging for each subject, attributing to each one values, places and positions in the tie" (Rosa, 2016, p. 24).

We work from a view of psychoanalysis that: theorizes from the possibilities and impossibilities posed by the field of clinical practice; articulates the fields of psychoanalysis and politics to understand the impact of discourses and social practices on the subject, and to produce new forms of resistance; denies the supposedly natural and individualizing character of suffering; finally, it aims to design a singular way of articulating the subject in the social field. In this way, a field of interventions is designed in two modalities. The first is the recognition of the possibilities and impossibilities that social and political conditions impose on the social bond in certain contexts. The second modality is precisely the construction of the possibility of displacement in the subject's positions in social ties,

having psychoanalysis as its ethical foundation. The case that followed demanded shifts in the use of the transference, as we will present below.

### **From the Clinical-political Case to the Transferential Network**

For the construction of the case, we are guided by its function of producing an enigma with which a narrative is produced (Rosa, 2016). We understand that clinical cases are constituted by different fields that are intertwined in contexts of social urgency. The puzzle is related to what Broide (2017) calls the impossible to arrive at the truth about the case report. Because of this, each case, depending on the way it is built, can consolidate several enigmas, assuming “[...] emphasis is given to the trajectory of the narrative of the listening carried out [...]”, emphasizing “[...] its points of impasse, what was left along the way, its shortcuts and their procrastinations” (p. 77). The constitution of the enigma of the case and its narrative has the power to affect these fields and affect the distribution of places established in them. For this construction, the various figures that surround each case (sheltered, family, social workers, health professionals, lawyers and the analyst him/herself) are present.

It is about joining the narratives of the protagonists of this social network and finding their blind spot, finding what they did not see, blinded by their knowledge and fear of ignorance. This common point, the lack of knowledge, is the place of the subject and the disease that affected them (Viganò, 2010, p. 2).

The construction of the case allows to focus on the foundations for the psychoanalytic practices developed in the management of the network formed around the family in question. Thus, it enriches the discussion about the specificity of this network practice with regard to the aspects of transference and its effects of changing the subjective position in the field of social urgency. The analysis of transference, the discourses that circulate in it and the discourses that transit in the social scene - which leads to the way the subject is situated in the social tie - allows an understanding that unites practice and theory. The case is the cut at the same time enabling and producing this union that is recognized a posteriori.

Therefore, we work with the concept of construction of the clinical case in its articulation with the socio-political aspect of suffering, contained in the ties that make the case itself possible (Rosa, 2016). In this way, we sought to present the case study that highlights and puts to work the socio-political factors that present themselves in the multiple transfers of work with a migrant family. Let's go to the case.

### **The Wari case: construction and management of the transferential network**

We will present the case of a family served by us at CEIP-IPUSP<sup>5</sup>. The case helps to raise fundamental questions about the difficulties of managing situations whose social and material conditions are imposed and are linked to psychic instability. Such a combination can result in marks on a child's development and difficulties for a family to establish itself socially. As we will see in this case, families under discursive helplessness. Rosa (2016) considers that, allied to social helplessness, we are faced with the 'discursive helplessness' to which those who occupy the place of waste in the social field are thrown and on which alienating and rigid identity discourses fall, which criminalize and pathologize

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them. These conditions challenge the care practices that individualize and make suffering and migratory processes pathological (Knobloch, 2015) without taking into account the incidences of social conditions, sometimes permeated by social humiliation (Gonçalves, 1998) in which it manifests itself. With the writing of the case, we sought to build a sense of what was first experienced in practice and which involved several ways of dealing with the relationships between the analyst, Ms. Wari and the various professionals in the health and housing services.

Ms. Wari is around 30 years old and arrived in Brazil in 2006. She came alone to work and started her craft as a seamstress along with other Bolivians, under precarious conditions. She met her husband (also Bolivian) and became pregnant with little Wari. Due to the hourly workload (reaching 16 hours a day) and the demand of her boss, Mrs. Wari used to leave her son alone in a room next to the shed where she worked, being allowed to have contact only when he cried, to breastfeed. It was like that until little Wari was about 2 years old, when he learned to walk, and then he could move around the shed. Mrs. Wari's main complaint at the beginning of treatment was that, according to her, little Wari did not know how to speak and could not understand anything they said to him. He started treatment with me in 2012, when he was about to turn 5 years old. The referral was made by the CAPSi professionals in the region where the family had moved in, and these professionals opted for the referral in the bet that it would be more interesting to rule out the diagnosis of autism that the boy had received at the CAPSi that attended him previously. At that point, the family was going through a second major migratory process: the first had occurred a few years earlier, when the parents, who still did not know each other, moved to Brazil in search of jobs and better living conditions; the second was the change of neighborhood in the city of São Paulo, which was accompanied by the change in public services that served the family and the leaving their jobs in conditions similar to slavery, to which they had been subjected since they arrived in Brazil.

After some time in treatment, on vacation, Mrs. Wari and her son took a trip to Bolivia to visit their family. It would be the first time that the little Wari would see other family members besides his father and mother. The father, who stayed in Brazil, said that he was very happy with the treatment, that he talked with little Wari on the phone and that he was talking a lot. However, Mrs. Wari returned from her trip with a lot of worries. She said that little Wari played with his cousins the same age and she realized that they talked a lot more, and that he did not understand the games (but they still played together). Her father (the boy's grandfather) told her that he was a punishment from God, a speech of great impact.

The child tried to leave the position of what would be a 'punishment from God', but his symptom reveals the social position of the family in Brazilian society, a position of exclusion, of those who pay a high price to be in the new land. This, in turn, updates the position of those who left their families in the country of origin to seek other conditions and who did not achieve what was expected. With the feeling of failure of the migrant in relation to the family of origin, comes the guilt for having left, the feeling of being in debt with those who stayed. All these positions and feelings reappear in the relationship with Mrs. Wari, permeated by feelings of incapacity and anguish.

After the holidays, Mrs. Wari brought a set of news accompanied by a look of anguish. She said that she was feeling very insecure in the favela where she was living, that she was afraid of being robbed and that Bolivians were not being well regarded in the community. She said there was a risk that the favela would be reintegrated and that she would be homeless. In this context, she started thinking about going back to Bolivia or

moving to Guarulhos and going back to work. She began to show a certain lack of interest in her son's treatment, saying she did not see so many changes, despite my assessment that there was a noticeable improvement. In a conversation, she said, "When he gets better, I don't feel well".

Discouraged, she said that it would no longer be possible to continue Wari's treatment with me or in the group at the Nucleus for Therapeutic Education (NET). She said that he also participated in a group of children at the AMA in the region and that she could no longer take him there. In an attempt not to finalize the treatment, I proposed that they start to come every fortnight, and that we would seek to contact the health and assistance services to help her in this moment of change.

We then set up a card with her with all the services they already went through. These were: children's group and parents' group at the AMA, speech therapy at UBS, Support and Monitoring Rooms for Inclusion (SAAI) at the Unified Educational Center (CEU), Municipal School of Early Childhood Education (EMEI), neurologist, in addition to the group and individual treatment at CEIP-IPUSP. Contact was made with the CAPSi, the service from which they were referred for care at USP, to arrange a meeting with the intention of resuming the history of the referral and seeking a partnership on how to contact this service network. At this meeting at CAPSi, after the presentation of the case, by myself and the institution's professionals, the following referrals were reached: contacting the Social Assistance Reference Center (CRAS) and the UBS social worker in the region, to check the possibilities and rights in the housing issue, should the expropriation take place, and to jointly articulate the contact with the services involved for a first meeting.

In fact, we made the contacts and professionals from CAPSi, AMA, UBS and USP participated in the first network meeting. We discussed the view on the case of each of the professionals and on ways to proceed together. What was in common in all the reports was the evolution of little Wari, for example, in directing speech, in the relationship with adults, in the relationship with other children, in the diction etc; on the other hand, there was talk about the intense anguish that was felt by the mother. We were gradually raising the hypothesis that the boy was doing well, but that the very network of relationships that the mother established, so that he could be cared for, allowed her to be linked only through the boy and his 'illness', including in relationship with him, which was permeated by 'illness'. Her anguish resonated among professionals and services, being what was repeated and which was felt in the various relationships established in all treatments.

The case itself was traced back from referrals taken at this meeting. The first was to contact CRAS to check the housing issue. The second was, from the observation of the large number of services that mother and son attended, to think about the importance of each one and the sense of continuity of care. Finally, a common direction was reached in the case, that it was necessary to work together with Ms. Wari on a project for her, her social connection, without her belonging and her plans being always linked to her son. It was thought to speak with Mrs. Wari about free courses, public living spaces, etc.

The services that Mrs. Wari and her son attended did not know about each other. Mrs. Wari asked for treatment for her son, and the services, in fact, offered the requested treatment. However, they were foreigners, with no point of interlocution. The treatments autistically followed their own directions. At the same time that they were important spaces for the treatment of their child, they stiffened the way she could put herself in the relationship with others: always a mother who provided for her child to be taken care of, who, when she did not manage to make it happen, felt very guilty.

At the beginning of the following year, we resumed weekly attendance and, at the first meeting of the year, Mrs. Wari reported that the expropriation occurred, but that they managed to find another house in the same region, in addition to reporting that she established new contacts in the region where she moved to. She organized a year-end holiday party with Bolivian dishes, along with other families. She said that her son was playing with the other children and that he liked to take care of her friend's baby. She also said that she has enjoyed being with him in the moments when he was loving, for example, when before sleeping he kissed her and said that he liked her. The Wari boy increasingly liked to play in the presence of others, whether children or his mother. In another week, her mother said that she passed a gastronomy course. The course became a priority and, for some time, she tried to get proof of her son's attendance to justify that she would need to be late for the daily course, without losing her place.

The network kept in touch and a second meeting was scheduled. Discussions were made on the changes perceived since the last meeting, Mrs. Wari's new energy with the gastronomy course, her contact with neighbors, her position in front of Mr. Wari. The issue of housing, after a first solution, was postponed, but the concern continued. We set out to look for the possibility of a rental allowance for the family and discussed the pertinence or not of the continuity of their participation in the groups at the AMA.

About four months later, at the third network meeting, the housing issue had already been stabilized, Mrs. Wari was taking her gastronomy course very hard and had managed to set up a routine to take her son to the appointments. The main question that came up at that meeting was about the boy at school, as Mrs. Wari said that he took advantage of the Support and Inclusion Monitoring Rooms (SAAls), but that in the regular class this did not happen. He had learned letters and numbers, but he did not know how to form syllables or write. The referral was that, with the mother established in her own activities and with the continuity of the child's treatment, it was important to set up a new network, this time with the participation of the school, so that issues related to education could be discussed.

### **The Wari case: social urgency**

At first, the place of seamstress is granted to the mother as the only possible place of social tie, on her arrival in Brazil. Unique, as it was the possibility of supporting her (she was provided with housing and some change) and insertion in a social group. We emphasize here the insufficiency of simple belonging to one or another social group, as this does not guarantee that it is not conditioned to a fixed position of submission in the social tie.

In a second moment, after Mrs. Wari has disengaged from this job, the discourse about her son creates new connections and another discursive position for her, but follows on the rigidity of the possibility of positioning, since her duty and position of speech present as if being the mother of the 'autistic person' was the only possibility of creating social ties. They are violent speeches that present themselves as a false placement in the social tie, as they stick to the subject in what they can be or want.

We perceive how the discourse of her family, the social discourse in her country of origin, the narrative about herself and the positions in the social tie that she assumes after her arrival in Brazil articulate subject and social field. The preponderant discourse bond was marked and fixed by the grandfather's resentful speech, characterizing the child's difficulties as God's punishment, the result of the mother's immigration conducted against the will of her parents. The boy was named as the curse of God. Previously, Mrs. Wari had



reported that she, herself, as a child, had taken care of a younger brother since she was very young. This brother was, according to her, the 'bet of the parents', because he was the only son chosen to continue in his studies. The discourse about the 'punishment of God' is reiterated in the school's discourse by naming its manifestations as a disease, as autism. We see how family discourse articulates with social discourse and produces an assembly that fixes the subject's position in the social tie and sometimes facilitates submission to unworthy or inhuman working, housing and health conditions. We also see how the social and discursive conditions affect the child and Mrs. Wari, in processes of subjective destitution.

### **The Wari case: vicissitudes of a migration**

This would be the passage that characterizes the end of a migration process: the subject had to disconnect from a certain social functioning and position in the tie, and, when arriving at a new context, permeated by their past but no longer attached to it, he/she constructs a new position in the tie and in the new social context. Halfway to the bridge that allows this passage, Wari's parents were captured and cast in a social belonging conditioned to submission. Little Wari is born in this setting, the son of migrants. What is transmitted to this child? Undoubtedly, a sewing context with the constant noise of the machines and a distance (physical and psychic), imposed by work, which made it difficult for this baby to be libidinized. Nevertheless, in addition, they are parents who have been prevented from sustaining a transmission of their original culture, nor of a new culture. In this attempt, the joint care allowed to build bridges of communication between mother, analyst and son. In this way, they allowed to rescue the pleasure of that relationship.

Throughout the consultations, the Wari boy was more easily expressing signs of aggression and sought to keep his mother away from plays - efforts that demanded from the mother a discursive support that was taken from her. While the boy assembled in his plays the passage, the road, the path, which refer to his process of separation and migration of subjective positions, the mother made a concrete, objective and urgent reading of her son's productions. Her subjective position starts to alternate between the combination in the image of the patient's mother, which requires an excessive and little symbolic presence in her relationship with her son, and the emptiness of being on the bridge, in the passage to the possibilities of other positions.

The discursive helplessness brought on by the family's migrant situation affects the mother and Wari in different ways. While she, a migrant, received cultural transmission in Bolivia and then had to break with this tradition to come to Brazil, he did not receive such transmission from a position in the tie. Prevented by social conditions, Mrs. Wari conveyed the anguish that was being updated in this relationship between mother and child. The precipitation in the imaginary collage to a discourse that stiffly defines a social place of submission, or that dismisses the possibility of the subject's position in the tie, falls on the son, manifesting itself in anguished silence or in stereotyped gestures.

We see how the ideals deposited on the boy are related to the loss of position in the tie in a process of migration of the parents, crossed by social factors. They did not transmit to him a cultural and social reference that would make it possible to position themselves in the discourse tie, but he is required to be like other children, a demand that often falls on the simple observation that he is sick or that it is simply necessary to demand more from him.

The threat that the family could lose their homes refreshes the urgency of migration. As a result, the mother's anguish towards her son and the terror of being without a place are intensified - both concretely, without a place of residence, as well as without a place of speech, of social position, with the improvement of the child. The threat of deconstructing what had been built, of a new migratory process in which the objective and symbolic structure falls, threatens the continuation of treatment.

### **The Wari case: transferential network**

This case explains the clinical function of the transferential network in cases of social urgency. This network was initiated before the start of the service with little Wari, from the first contact of CAPSi professionals with USP, for the referral of the case. After a while attending the boy and the mother, another psychoanalyst was called in to attend Mrs. Wari, concurrently with the attendance made with her son. Subsequently, the Nucleus for Therapeutic Education (NET) entered as another element of this network, with groups of children. Finally, the recognition of the various professionals and services involved in the case, including AMA, UBS, CAPSi, USP (PSIPOL Laboratory - IPUSP and NET), and the meeting of these services enabled the consolidation of a network.

Each service in the transferential network does not represent only a service or a professional, but the entire discursive network that circulates or is unable to circulate. This is the basis for the work in what we call the transferential network. In these spaces, each institution is able to bring institutional, social and family discourses into play through discussions about the case and its directions. It is in the encounter and, often, in the discursive clash between the discursive networks of each institution that a case and a direction to be given to this case are produced. In this process, the blind spots of each service have the chance to be worked on and reworked, often helping to also uncover the blind spots of each institution. We also included some blind spots of the psychoanalyst, which are often evidenced by the issues that arise regarding race, social class and gender (Gebirim, 2018) and which can also be better elaborated in network meetings. In the Wari case, network spaces are those that allowed professionals to meet - from different institutions or from the same institution -, and in which some type of joint reconstruction of what defines the case was carried out.

The transferential network is, therefore, a notion that arose from the various meetings we held to find a solution for the moment of crisis that threatened Wari's treatment. For it to be effective, it was necessary for the psychoanalyst to participate in meetings involving the various actors who consolidate a case. Furthermore, it is important, as in the case, that the psychoanalyst takes into account, in the listening, the clinical-political character of the discourses that circulate in these meetings. Discourses that say about the institutions involved, the patients on the agenda, what the relationship of each professional with each patient inspires. Finally, the analysis of the affections and discourses present in the multiple relationships of a case constitute what we call the transferential network, as it considers the transference as an active phenomenon in all the relationships of the field, and not only of the psychoanalyst with the patient.

Because of these factors, in this critical moment the frequency of attendances is in the background due to the importance that the network gains for the support of Mrs. Wari. The service network can, in these moments of crisis, enter as a discursive network that reinforces the structure so that social threats do not force the subject to disconnect from the tie and fall into helplessness. With the renewal of the social threat of loss of housing,

the social place offered by institutions involved in the case, the place of mother of the sick child, was no longer sufficient to support Mrs. Wari's stay. It was necessary for the services, in a network, to build with her another possibility of insertion in the tie, so that she could go through the anguish of social urgency, without being trapped in it.

At the time of urgency, the transferential ties - there was at least one professional from each service who was a strong reference for her, we could say, with a well-consolidated transfer in the relationship with her - did not prove to be sufficient for Mrs. Wari to be able to situate herself in what was happening. The transfer, seen as the result of the one-to-one relationship, or of the analyst with the analysand, or even as an institutional transfer, was inert in the face of the anguish generated by the threat in the social tie. In this situation, the transferential network was able to structure the necessary support to sustain the tie, since it was only in the space between the transfers that permeated the various professionals and services that it was possible to build support so that she and also the professionals themselves did not succumb.

With this support, in the midst of the threat to housing, Mrs. Wari seemed to change her position in relation to her son, by engaging in other activities in which he was not the protagonist, such as in her meetings with neighbors and in her course of gastronomy. In this new position, the son's difficulties no longer brought up to date a situation of permanent urgency, but were seen as something to be dealt with.

We believe that the network was successful in this situation in which social threats called into question the slow construction of this family's social position. The network, however, needs at each meeting to reconstruct the case and, consequently, a direction in the case. In other words, each network meeting consolidated different cases and different possible managements. This shows that a watertight network is also subject to producing stiff positions, and that, therefore, it is necessary that it be remodeled at each meeting from the reconstruction of the case. Not only do the cases vary, but also the professionals and services present at each meeting.

The network of professionals involved avoids a new break with everything that had been structured, as it works as a place for the elaboration of the anguish that permeates the case and all those involved. It is not enough that the family tries to elaborate its migratory process, because the professionals are also taken by the urgency of not having a defined position and by the insufficiency of a discourse that is separated from the complexity of the situation.

The analysis work, due to the complexity of the context of the case, could not be simply a 'unveiling' of a diagnostic condition, as if it were absolute, as if it were not in an intrinsic relationship with the possibilities of tie offered or not and position in the tie. On the contrary, clinical care, when articulated with the field of discourses that circulate or are fixed, is capable of causing ruptures in what has been established as truths, thus producing new discourses and positions in the tie. In this sense, the production of multiple relationships and the constant analysis and reflection on the characteristics of the tie between the characters on stage are fundamental to the listening-clinical intervention.

Importantly, the case does not refer to the son or the mother, much less to the suspicion of autism, but to the silencing and the discourses that are produced in the interrelationship of those who surround the entire field. The transferential network thus became a device for handling anguish and discursive intervention, as it began to conceive the arrangement of the case beyond the figure of the son or mother, focusing on the very position of those involved (professionals and users) in the social tie.

## **Final Considerations: Transferential Network in Contexts of Social Urgency**

In the case reported, we are faced with social and discursive helplessness and the way in which they produce an additional bottleneck for the subject and their anxieties. We also demonstrate how we were, in the construction of the case, activating devices operated in the transfer, particularly what we call the transferential network, which is especially necessary in contexts of social urgency. We found in the reported case that the psychoanalytic theory, if expanded in its notion of transference and based on a psychoanalytic notion of transferential network, changes and intensifies the fields of social urgency.

The psychoanalytic clinic is a clinic in transference. In the context of social urgency, it is necessary to highlight what are the details of the transferential relationship, taking into account that the subject is marked, sometimes alienated to a discursive place, and in general submitted to the care of several institutions. In working with the residents of Casa do Migrante, for example, the transfer is primarily linked to the host institution, one of the reasons why the residents served are unlikely to continue their care without this link. The transfer understood only as the result of the relationship of the analyst and an analysand does not account, in this field, for the discourses that permeate each case and the way in which the subject is often unable to position him/herself in the field.

The direction of clinical-political work supposes that the transfer management can allow the subject to build new strategies of existence without the need to act and to repeat the exclusion he/she suffered. Abandoning repetition allows the subject to position him/herself in relation to what is offered to him/her socially, so that another position in the tie becomes possible. The clinic in contexts of social urgency does not lose sight of the subject of desire, but neither does it disregard the relevance of other actions in the direction of housing, documents etc.

For it to be possible to cross the field of urgency without succumbing to it, it is not enough to take into account the subject's discourse and the representations about the discursive plot in which he/she is involved. It is necessary to consider the other discourses affecting the field. The importance of this rests on the fact that the subject can easily fix/be fixed in speeches that place him/her in the position of dependent, victim or even humiliated or one who has no place for speech.

Therefore, the vicissitudes of interventions permeate different areas of the psychoanalytic arsenal, but have an important anchor point in the notion of transfer. Without a pre-established setting or any guarantee that a meeting will have a continuity, the transfer management is established as a key point of the practice and appears as an important concept for the study and understanding of the relationship games established between the professionals and immigrants in the field of social urgency.

The specificities of work with transfer in the fields of social urgency lead to some fundamental questions: I) it is not always given a priori in the same way and depends on how it is approached and managed in each context (Freud, 2010a); II) it is intensely present in institutions, even if there is no analytical work (Freud, 2010b); III) specific strategies are required to recognize transfers in a given context and at a given time (Freud, 2014); and IV) it is important to work with transfers beyond the analyst-analysand relationship.

The clinic we developed is attentive to these considerations and creates devices for the subject's listening to take effect in the transferential tie. It is in this tie, which can only be constituted collectively, that the subject can position him/herself. The subject excluded

from the tie is considered to be outside the discourse, but it is included as belonging to a category that has nothing to say. The subject between discourses, on the other hand, is in a position to share and migrate between positions and discourses, being an external part of the discourses, something that we could call human.

Therefore, the position of the psychoanalyst is not an individual process, as he/she articulates subjective positions and the discursive field in the same situation, focusing on professional, family and social relationships and forming a complex transference field - at the same time the raw material for a transference network work and the fundamental indicator of the characteristics of the work. In the field of social urgency, we propose to move from the transference relationship to the transference network.

The transference network is made through the psychoanalyst involvement in the multiple relationships that constitute the clinical case and, from there, on the inclusion of the affections and discourses that circulate in these multiple transfers, made possible through this participation.

In the transference network, the singular is produced at the same time as the institutional and social discourses that make possible or impossible positions in the tie are elucidated. Thus, in the transference network management process, practices of resistance to the suffering produced in and by social practices are built. The production of multiple relationships and the constant analysis of the 'between' spaces sustain, transference, positions that articulate a subject's clinical listening to the discursive field in which he/she is involved. Often the unspoken - the subject's, the institutional and the social - can only appear involved by multiple relationships.

If managed by the constant reconstruction of the case and its directions, the transference network can enable the exclusion of the subject from the social tie to not be taken as an individual problem. Thus, it serves as a device for social intervention and, at the same time, as a discursive support to the subject, so that he/she is not again forced to break with the tie or to subject him/herself to fixed positions of submission within it.

Finally, the notion of transference network that we present seeks to bring contributions to psychoanalytic practices. We see how a preliminary articulation to the concept of transference leads to two concomitant paths: the first is to think of the transference network as a field of psychoanalytic intervention, in which the field of multiple transfers is managed in conjunction with the construction of the clinical case and in the collective production of the direction of a case. This aspect allows to remember the importance of the non-watertight network, and the possibility that, if mismanaged, it can repeat practices of violence. The second path is the need to build other devices that allow to work based on this notion of transference network, and that allow to revisit theoretical aspects inspired by practices in fields little explored by psychoanalysis.

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