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Once upon a time there was a child... or not? Urgency and the emergence of change over time in family psychoanalytic psychotherapy

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Summary

This paper explores the therapeutic journey of a family confronted with the birth of a severely disabled child and the psychic catastrophe that followed. Through the lens of psychoanalytic family therapy, it examines how time – frozen by trauma – can be reanimated through transference, reverie, and the reconstruction of symbolic links. The child, initially experienced as unrepresentable and non-human, gradually emerges as a subject, allowing the parents to move from melancholia to mourning. The analytic space becomes a shared container for pain, transformation, and the slow emergence of psychic life.

Keywords: psychic temporality, family psychoanalytic therapy, emergence of change, genetic syndrome, melancholia

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Résumé. *Il était une fois un enfant... ou pas ? Urgence et émergence du temps dans la psychothérapie psychanalytique familiale*
Cet article retrace le parcours thérapeutique d'une famille confrontée à la naissance d'un enfant gravement handicapé et à la catastrophe psychique qui en découle. À travers le prisme de la thérapie familiale psychanalytique, il montre comment le temps – figé par le traumatisme – peut être réanimé par le transfert, la rêverie et la reconstruction des liens symboliques. L'enfant, perçu au départ comme irreprésentable, émerge progressivement comme sujet, permettant aux parents de passer de la mélancolie au travail de deuil. L'espace analytique devient un contenant partagé pour la douleur, la transformation et l'éveil progressif de la vie psychique.

Mots-clés: temporalité psychique, thérapie familiale psychanalytique, émergence du changement, syndrome génétique, mélancolie

Resumen. *Érase una vez un niño... ¿o no? Urgencia y aparición del tiempo en la psicoterapia psicoanalítica familiar*
Este artículo explora el recorrido terapéutico de una familia enfrentada al nacimiento de una niña gravemente discapacitada y la catástrofe psíquica que ello supuso. Desde el enfoque del psicoanálisis familiar, se analiza cómo el tiempo – congelado por el trauma – puede reanimarse mediante la transferencia, la revería y la reconstrucción de los vínculos simbólicos. La niña, vivida inicialmente como irreconocible y no humana, emerge gradualmente como sujeto, permitiendo a los padres pasar de la melancolía al duelo. El espacio analítico se convierte en un continente compartido para el dolor, la transformación y el surgimiento lento de la vida psíquica.

Palabras clave: temporalidad psíquica, psicoterapia psicoanalítica familiar, emergencia del cambio, síndrome genético, melancolía

Introduction

Family psychoanalytic psychotherapy is a journey meant to fill the gaps of the fantasized life, to reweave the endless holes in the psychic envelope, to rewrite a story constantly updated by anxieties and delusions – a story the family writes, creates, and invents in transference to the therapist. Through the reconstruction of the family novel, which has at its base the oneiric parental function, the premises for individuation, autonomy, and the overcoming of archaic positions and fusional experiences are created. The family's capacity for reverie, for unconscious fantasies, allows a discourse to emerge that can replay primary unconscious material in the analytic frame. It becomes the object of a new experience, surfacing through words

from a territory of the unspeakable and unrepresentable – a past that takes the form of a black hole, a source of catastrophic anguish and primitive agony.

In family therapy, we can witness the recovery and reliving of primitive holding – originally failed – recast as an oneiric holding (Ruffiot, 1981) that creates new forms of connection and support. From this reverie, a new neurotic family novel is written, allowing narration and historicization. The process reveals how the primary family apparatus, through group fantasized reverie, becomes a shared oneiric space, a transitional zone, and a new way of communicating – helping the family see itself from different perspectives in the same mirror. One of the most important characters in this journey is the time, which structures and organizes the psychic space.

Meeting the family

I had just opened the door of my office and saw two people standing in front of me, carrying someone in their arms. I was expecting a family with a four-year-old child. A state of confusion quickly developed. They seemed to be carrying a big baby. Both looked at me with fear. I invited them to sit, and they placed the baby on the carpet. The child began to creep – rather than crawl – and started licking the carpet. I've look at the child, but I couldn't tell if it was a boy or a girl. A terrible feeling suddenly took over my mind. The child seemed more like a little creature, scared and utterly lost.

I began talking to the child, introducing myself and describing the room. The parents looked at me in shock, and after a few moments, they asked, "*Are you talking directly to her? Since she was born, we've seen many doctors, and no one has spoken to her directly. They only spoke to us."* For a moment, I felt that the child, who was a girl, paused her chaotic movements and paid attention to my voice. My first words had already carved a long tunnel through time, trying to cross the silence that had existed since her birth. Even though they had only been in my office for a few minutes, time already seemed to suggest that this story would be told not just here and now, nor then and there, but especially here and there.

The mother began the story: *My husband, he wished this child very much. I never thought I'd be a good mother. My relationship with my own mother, touched by great violence, destroyed my desire to be a mother since I was a child. When I got pregnant, I did all the necessary tests. Everything seemed normal. Very late in the pregnancy, they told me something was wrong with the baby's development and that it would most likely be born with serious disorders. What could I have done then? I chose to give birth. She was my child. When I gave birth, they said the child would live three days. They have been four years since then. But these three days never seem to end.*

The temporal organizer is the most primitive form of figuration of the link. It is built from the notion of rhythm and in particular the proto-rhythm. It's E. Pichon-Rivière who introduced in this sense the notion of patho-rhythm by designating an undifferentiated rhythm in the link with another. R. Jaitin (2010, p. 67) proposed the notion of proto-rhythm as an initial form of figuration in the family link. More precisely, the proto-rhythm will be the archaic, repetitive and monotonous forms of figuration of the family links that will be replayed in the context of family therapy. D. Meltzer (1975) illustrated very well the concept of dimensionality, that is, the dyadic process subjacent to the construction of an internal space. One-dimensional (a closed time, a world without mental activity, undifferentiated, where events are not available to memory or thought), bi-dimensional (a time of adherence, where psychic space is still absent, without mental activity and where events are not available for memory) and tri-dimensional (the appearance of a containing space and the possibility of developing psychic spaces). Thus, the inseparable time from one-dimensional reaches a kind of continuity and circularity in the bi-dimensional world and takes on its own direction in the three-dimensional world, producing a movement of the object from the inside to the outside.

The couple found itself in a conflictual situation regarding their own ability to take over the parenting function and allowing the construction of a filiation link. The birth of the child, an event intended to produce continuity and to nourish the gradual construction of parental identity and filiation, was constituted in a psychic catastrophe. At birth, the child was given a severe medical diagnosis, a genetic syndrome with devastating effects on development and normal functioning. What should had opened the present towards the future, now it came to close it in an infinite loop, scattered only with the indubitable guilt of the cursed past. The prognosis was violent. The child will die in short time. But here are these parents after four years, realizing that one can't live when time doesn't pass and feeling prisoners without no escape from a predicted, but never arrived death. During four years after proclaiming this terrible foresight, time has remained suspended and the child has never grown up. Apparently, what prevented her from growing up was the medical diagnosis, but in fact there was no psychic space to welcome her. Four years can't get in three days. In three days, you can't learn to walk, talk, play, smile, you don't get to know the world.

I felt to begun to understand a bit more what the family was asking for: all three of them were in search of the time that never passed. They symbolically showed me the needles of their psychic watch that stopped and they were asking me for help to set the clock hands in motion.

In search of the time that never passed

Family suffering is often deposited onto one member who becomes "the patient"—seen as the "strongest" because he absorbs and carry the burden of the conflict, offering the family a form of psychic economy. From the psychoanalytic group perspective, this person is called the *emergent*, what Pichon-Rivière (1960) terms the *spokeman*. The family, structured through unconscious links, traditions, and beliefs, uses this emergent to voice both individual drama and group fantasies. Through preverbal and verbal communication, they express the unconscious chorus of the group.

The family therapy process transforms primitive anxieties into thought containers. Experiences relived during sessions and a shared rhythm facilitate a spatialization of time and help construct a new thinking apparatus. The family lived in an endless time, trapped in a terrifying world. Imminent death was the only anchor in this collapsing landscape – a nightmare with no end. The only consolation was melancholy – an intense nostalgia for a loss that was expected but never realized. The child had arrived but could not be welcomed, because she was expected to soon leave. But she never left. It was as if they were sealed in a room, watching life outside through a window they could never open. Over time, the child – now more clearly a girl – began moving toward opening that window (and she spent a lot of time literally stuck to the window of my office).

At first, their rhythm was organized entirely around her medical crises. Instead of day and night, time was divided into "*she is a little better*" or "*she is very bad*." Between crises and brief moments of peace, there was nothing. This deadly fusion – an adhesive identification with a psychically dead child – left no room for life. The parents often talked about that:

There's no more energy. We are exhausted. It's not about not being able to make plans, extraordinary things. We can't spend not even a day as we wish. Neither in the house can we do the simplest things. Sometimes we can't even take a shower. It's quite nothing, but it seems so much effort. We are always connected to her. And especially when she is not well.

Through this *secondary symbiosis* (Ciccone, 1999), following the brutal rupture of the primary illusion, the parents fantasized about reintroducing the child into the maternal and familial womb – both to repair the child and restore the shattered narcissistic completeness (Ciccone, quoted in F. André-Fustier, 2002, p. 22). A deep helplessness marked the inability to allow anger to exist. Their immense rage – at doctors, institutions, extended family – was repressed, redirected toward themselves, enveloped in guilt. Death was fantasized as the only escape – relief from an

unbearable existence. Life felt like a deserved punishment for an unnamed, unknowable sin. The father used to say:

> *"I often think that there is this disease, this infernal life or death. Nothing else."*

Transference and countertransference: Navigating the shared abyss

Throughout this therapeutic process, transference and countertransference played a central, though at times overwhelming, role. The family arrived not only burdened by their child's devastating condition but saturated with unprocessed grief, rage, and guilt – affects that quickly found their way into the therapeutic space. The child, in particular, acted as a powerful transference object, evoking in me profound reactions of confusion, disorientation, and a haunting sense of psychic helplessness. Her non-verbal, animal-like behavior at the start of therapy resonated with something deeply archaic in the unconscious of both the family and me.

From the beginning, the parental ambivalent transference was organized around expectations of the analist as a magical repairer of time – a figure who might "restart the clock" and undo the arrested development, not only of the child but of the family's psychic life and in the same time the expectation of an announced failure confirming the death prophecy. The parents' early comment – *"Are you talking directly to her?"* – revealed a transferential rupture in their prior medical experiences: a long history of professionals who had failed to recognize the child's subjectivity. In speaking directly to the child, I inadvertently assumed the position of a transitional object, inviting the family to move from objectified survival into the realm of symbolic recognition.

At the same time, the countertransference reactions were intense and ambivalent. I was confronted with feelings of dread, futility, and at times even an unconscious wish to retreat – to avoid becoming another impotent witness to a tragedy that refused resolution. The child's presence as a "black hole," both psychic and somatic, threatened to pull the therapeutic frame into silence and paralysis. The projective identifications, particularly from the parents, at different moments unconsciously "assigned" roles of omnipotent healer, failed parent, or even executioner. Holding these projections without immediate action or defensive interpretations was key to containing the raw affects. These identifications, once metabolized, became valuable clues in understanding the family's internal world: a world structured around a repetition compulsion of loss, abandonment, and suspended mourning.

Time itself felt altered, mirroring the family's psychic temporality. Sometimes, the family let me knew last minute that they could not attend the session because the girl

just had a crisis. Other times, they arrive late, feeling exhausted after a complicated travel from their home to my office.

In some sessions, my office became the scene of their daily routine: they were changing the child's dipper or they were feeding her. Many times, the girl fall asleep on the carpet and then she would sleep through all the session the arms of one of her parents.

The animalic appearance of the child was meant to express in a very archaic and sensorial way the violence felt by the parents in front of such a traumatic rupture of the narcissistic contract (the ideal child vs the ill child). So ultimately, transference and countertransference were not just dynamics to be managed – they became *instruments of transformation.* By tolerating and working through the unconscious communications embedded in these experiences, the therapeutic process created the conditions for the family to begin their own symbolization of pain, to reclaim the past not as a crypt but as a story, and to imagine a future beyond repetition and catastrophe.

Mourning the melancholia

An important moment was represented by the ability to verbalize the pervasive presence of sadness and the need to allow the existence of mourning labor. The sadness described as a black river that flows down all the time, with an astonishing speed, allowed reflection around the impact that the medical diagnosis had on the parents and the brutal way in which they went from an idealized child who was to make them a normal and happy family to a very sick child. The effect of such an irreversible medical diagnosis was that of an attack on the parental function of the couple and it led to a fusion-rupture type of functioning until the links were not differentiated. The astonishment and violence constituted a traumatic psychic movement so intense that death anxiety became the only content of the family links' organization. His Majesty the Baby, as Freud calls him, not only that did not become the bearer of the desires, hopes and dreams of the parents in a continuity of what they could not achieve and in the resonance of a fantasy of immortality, but he became their killer and the bearer of a death fantasy. The medical diagnosis introduced a fracture in the narcissistic continuity and deeply disrupted the terms of the narcissistic contract. The child was therefore perceived as strange, my experience of uncanny feelings in front of the first appearance being in resonance with this fantasy of alienation. This child has highlighted through the serious deficit something of a 'negative', untransformed heritage. At birth, instead of taking care of and transforming this negative, it was transformed in its container. It is the unthoughtful, the unthinkable, the unbearable, alienated from the transgenerational

and obliged to be, since it takes the place of and not the care of, what had to be kept hidden, what could not be said or thought (Granjon, 2002, p. 16).

Both parents have experienced traumatic life stories. The father had a deeply depressed, absent mother who was taking refuge in alcohol and who could neither take care of her children nor show them love. He idealized his father, who was missing home a lot because of his work, but who remained the only identifying model for him. Following a heart attack, his father died without anything being able to anticipate this tragedy. The father was destroyed, he felt totally abandoned, in an unbearable loneliness. Angry at his father's betrayal, he cannot express himself because he has to care of his mother and brother. He learns not to ask for help and not to have the right to complain, to suffer, to refuse. Omnipotence becomes a strong defense against sadness, pain and despair. To have limits, being human meant being weak. His new destiny was written around sacrifice and the triumph of self-sacrifice. A second abandonment thickens his wound when his brother, whom he has helped and supported a lot, finishes his studies and announces his departure to another country.

The mother says that her mother never loved her. She has always criticized her until she destroyed any hope or trust that she deserves love and understanding. She felt like a nobody. Atrocious violence was very present in the relationship with her mother. She remembers her mother as a "monster' and was convinced that she herself would become one because she said she felt contaminated by unbearable hatred. She had a repetitive dream, that inside her hid a kind of monster who wanted to go out at all costs. A part of herself that had to be expelled.

The child was literally, by his physical appearance and his deterioration to the limit of a dehumanization impossible to look at, not representable. His appearance in the present updated traumatic aspects of the past and he confronted his parents with the experience of a narcissistic collapse, with a rupture in filiation and transmission. An important step towards approaching this abyss that had been created was the ability to elaborate narcissistic loss.

Freud was the first theorist who used psychoanalytic theory to conceptualize melancholy. In his journey to understand the concept of loss, he wrote that not coping with the pain of grief (the basis of a melancholic reaction) interferes with the ability to experience beauty and live in the experience of a moment. The only space available to raise this child was a crypt. The gradual work through of sadness and the ability to speak about pain, fear, despair had a first containing effect. The child has stopped having acute medical episodes and has acquired stability in his physical condition. This stability allowed the family to start thinking about other things that could not exist before. To try to introduce ways of being more supported, small interactions, to go out more and to dare to have even small pleasures (reading a book or taking a walk or leaving the child with another one).

Little by little, the family was able to see psychic possibilities to arrange the interior and exterior to overcome the paradoxical narcissistic position (Caillot &Decherf, 1985) "living together kills and living apart is fatal". Time began to take on different forms, marked not only by the danger of death, but also by other experiences: the joy of seeing the child taking the first steps alone or trying to communicate with them, the sadness of seeing the impossible gap between him and the other children, the clumsiness and embarrassment of being a parent not only in the house, but also outside, in the park, in the street, the anger to be looked at differently, the fear of not losing what they have earned with difficulty, the hope of being able to build a future, etc.

Final discussion

After four years, I opened the door of my office and I see the family coming in. The father and mother with the daughter in the middle, holding each parent's hand. The child smiled at me and rushed in. She is very pretty and very elegant dressed. She is very curious to explore the room and look for toys in the closet. As the parents tell me how all the activities are going, she listens to us very carefully. Sometimes she expresses herself through the inflections of her voice to be part of our discussion.

> *The mother: she started walking around with the special tricycle we've bought for her. That's very funny.*
> *Father: Yes, this morning we went for a long walk. I thought I could never have imagined that.*
> *The mother: Of course, there are times when she is very stubborn. I get very irritated sometimes and she knows it. But she becomes even more stubborn.*
> *Therapist: as if she knows it but she will continue to trample your feet.*
> *The girl starts hitting the wooden door of the closet with an irritating noise. The mother, irritated, asked her to stop. After a few minutes, she got up and went next to the girl and explained it to her. The girl smiles and tramples on her mother's feet.*
> *Therapist: if you still have any doubt that she doesn't understand what we're talking about.*

The girl is amused. The mother smiles. The parents tell me about their plans. The father wants to start an aviation school for amateur pilots. He's always dreamed of doing that. The mother wants to change her job; she wants to start a new project.

This final scene – seemingly ordinary, even lighthearted – bears the marks of a profound transformation. The family that once entered therapy immobilized by grief, suspended in a time without rhythm, now arrives animated by the ordinary dramas

of daily life. The child, once experienced as a ghostly presence – "a creature" beyond representation – now asserts herself as a subject: curious, relational, mischievous, capable of both testing limits and eliciting tenderness. The parents, previously trapped in a melancholic structure, now dream, desire, and argue – signs of psychic reanimation and the painful but necessary work of separation and individuation.

We might say that time has resumed. Not simply chronological time, but psychic temporality – a space in which memories can be processed, affects symbolized, and meaning woven. This resumption was not the result of a single intervention or a linear process. It was born of repetition, rupture, reverie, and the capacity to hold unbearable projections. The analytic setting, through its endurance and elasticity, became a *holding environment* where the raw, unspeakable grief could be slowly metabolized and transformed into narrative, symbol, and play.

The concept of proto-rhythm becomes especially relevant here. In the early phases of treatment, interactions unfolded in a pre-symbolic register – through bodily presence, tone of voice, and shared affect. Over time, these primitive, adhesive links gave way to more differentiated relational forms. What began as a state of psychic entrapment – of time sealed around a death sentence – gradually unfolded into tri-dimensional space, allowing the emergence of psychic thirdness, thought, and desire.

The child, whose body had become the repository of the family's unspoken trauma and ungrievable loss, began to shed this role as the *emergent*, and instead took her place as a subject among others. The parents, no longer fused in a mutually imprisoning omnipotence or helplessness, began to differentiate their roles and recognize one another's needs. This movement toward symbolic filiation, however fragile, marked the beginning of mourning – not just of the idealized child, but of the parents they could never become, and of the stories they once thought they had to live.

The therapeutic process did not repair the child's condition. It did not "restart the clock" in any magical sense. What it did offer, however, was the possibility of re-entering time, of finding meaning in repetition, and of mourning what had once been impossible. The family's capacity to begin speaking of the future – no matter how modestly – signals that melancholia has given way, at least partially, to mourning.

As the child tramples her mother's foot – provocative, playful, alive – we are reminded that life, even when marked by tragedy, always insists. And that perhaps, the task of therapy is not to rescue life from death, but to help the psyche find its way back to time, rhythm, and the possibility of new beginnings.

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