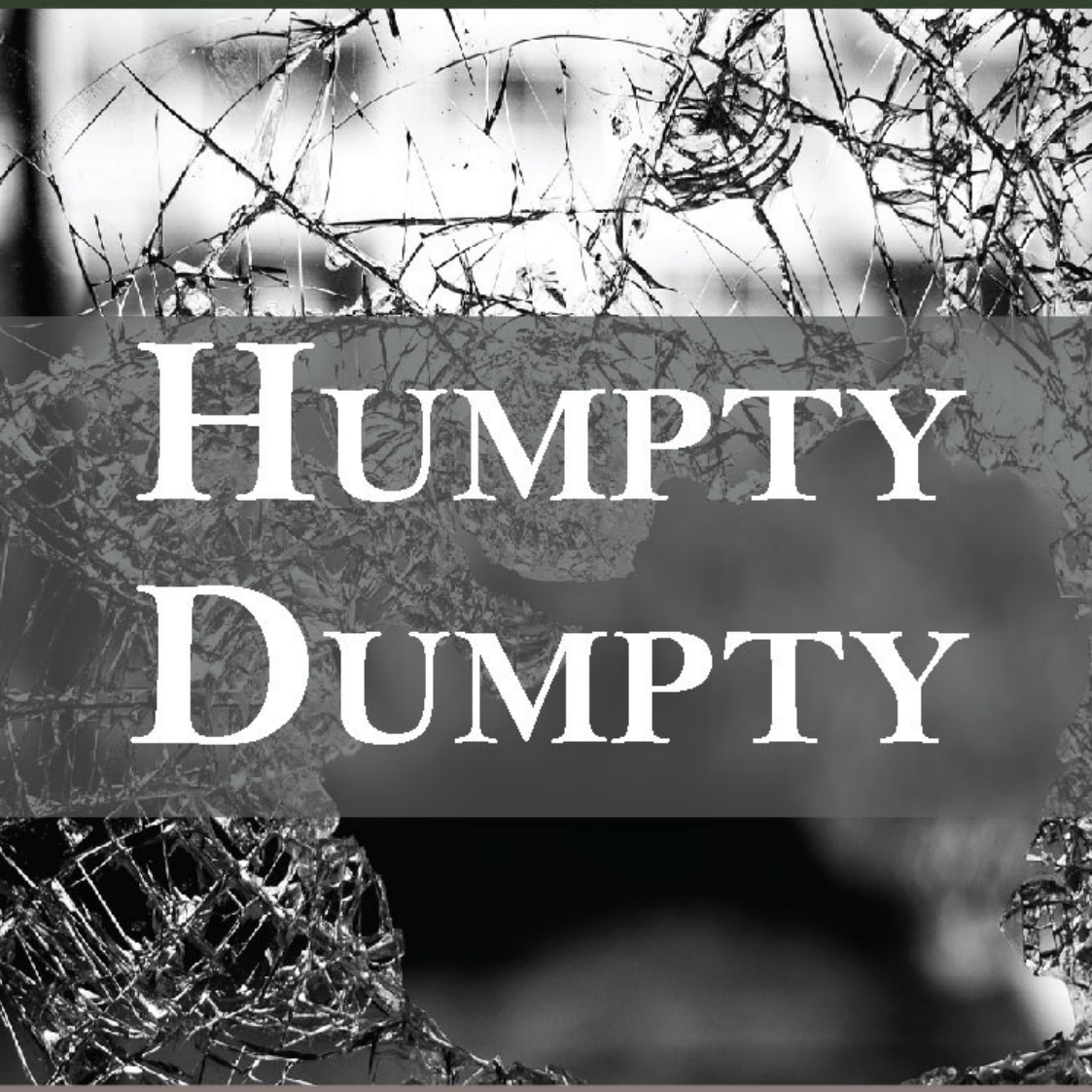
The Children's Hour



HUMPTY DUMPTY

Kenneth S. Robson, M.D.

The Children's Hour:

A Life in Child Psychiatry

Kenneth S. Robson, M.D.

Humpty Dumpty

Humpy Dumpty sat on a wall,
Humpy Dumpty had a great fall;
All the king's horses
And all the king's men
Couldn't put Humpty Dumpty
Together again.

- Anonymous

No doubt the author of "Humpty Dumpty" had in mind a child psychiatrist rather than an orthopedic surgeon. Broken bones can truly heal, return to their original strength, whereas fractured minds probably cannot. Psychosis and insanity afflict the young of every age. Well before the clay of mind has taken its shape and hardened, it can crack or shatter. The delusions, hallucinations, paranoia, malignant obsessions, mania, thought disorders and suicidal acts in children were described long after their adult counterparts could be found in textbooks and psychiatric hospitals. In the elderly and the young, society tends to minimize signs of psychological trouble by assuming that the illogical and nonsensical are indigenous to those phases of life and need not be noticed or taken seriously.

To further complicate matters, young children normally think in a mode that closely resembles the signs of madness: their lives are replete with imaginary companions, the monsters of nightmares that endure after waking, visions of terrifying intruders, wolves under the bed. All of these and more are the stuff of fairy tales or childhood classics. The first and intrinsically creative mode of thinking common to the early years of life, the "primary process" mode, is guided by impulse, fantasy, wish and symbol, is timeless and has no rules. All things are possible: desires are granted, thunder threatens, giants live. Much of this drama occurs in and around our body, our first and last home. So to decipher this primitive thinking, elegant in its complexity, one needs to rediscover a vocabulary of body contents, all its orifices, their discharges and their remarkable capacities whereby a proudly displayed floating piece of feces is transformed into a penis, a baby or a bomb. Fantasy is fact, inside is outside, and cannibalism as well as every other variety of cruelty, murder, mayhem and annihilation swirl about. Penises can shoot, vaginas can bite, and feces can obliterate. One laughs and takes it seriously; it is play born of imagination, but it is also conviction and sometimes, at a later age, madness.

With the advent of early school age years, from five to seven, primary process thinking is gradually replaced by the logical, limit-bound, reality-based, gray but reassuring presence of the "secondary process" mode that ultimately prevails and, for most, calcifies into civilized decorum. The emerging mental apparatus is fragile, and the capacity of children to test reality accurately, differentiate vivid fantasy from fact, remains unstable well into later childhood, complicating the task of evaluating disturbance. Under duress there are rapid regressions to earlier cognitive styles, often because of illness or the darkness of bedtime. Parents, of course, are flawed diagnosticians, often overlooking, minimizing or denying the obvious, even serious difficulties in their own offspring. Over the years, one of my saddest experiences has been to encounter a child whose psychotic behaviors were never identified in time to prevent irreversible damage, much like fractures that were never set.

Betsy worried her pre-school teachers. An angelic, plump, red- haired three-year-old, she spent increasing amounts of time curled up, masturbating vigorously in the secure corners of the classroom. She related minimally to peers and spoke about "giant black bugs" hunting for her, stalking her. When she played with others it was as if they did not exist; she was the world in its totality. Betsy was conceived at a low point in her parents' marriage, leaving her mother distraught and distracted after her birth. Betsy's development passed as "odd" until her teachers suggested a referral to me. Betsy did not make contact. In my office her precocious but disorganized speech, a staccato fusillade of jumbled words, served to distance her from others. The themes of her utterances were full of danger and violence. I assumed that she was frightened of me and assured her that she was safe in my presence. Her activities were aimless. She moved listlessly but continuously about the room, unable to find repose either alone or with me. Her green eyes looked expressive but only fleetingly met mine. Betsy resembled a larger version of the Energizer Bunny.

Such children require that one violate their personal space to get their attention, wake them up. Left to their own devices, they spin through the universe like satellites without an orbit. Two is a crowd, and intrusive efforts are required to gain entry. While Betsy was an attractive child, she was hard to like; she wasn't there. Her persistent, driven masturbation appeared to be her sole means of self-soothing. In my office was a soft, cream-colored, usually irresistible, bosom-recalling couch. Many children burrowed there, were swaddled there. I sat on it, hoping to attract her to this refuge, but she lay on the floor next to me, stiffening at my quiet entreaties: "You look tired, you could snooze a little, feels good and warm,

peaceful." "Big bugs, big biters, in the garden, thunder, thunder" was her answer. After ten or more sessions of my largely one-sided banter, she began to approach the couch, finally mounting its rumpled, inviting cushions; she let me sit next to her there, curled up silently, and fell asleep. This became her therapy: to sleep peacefully in my presence, routine for infants and toddlers, but previously untried and impossible for Betsy.

Her crude, scribbled, heretofore indecipherable drawings began to display recognizable human features, a jagged face with eyes. This graphic progress paralleled her gradual, halting capacity to make eye contact with me and gently touch my face with her fingers as would an infant beginning to notice that her breast milk is not a neighborhood entitlement but delivered by a person. At four, her fund of social cues was meager; she stood out amongst her peers as different, though her ability to relate with others had improved and her masturbation was now confined to home. At times she seemed able to share the world with others. If scared or angry at school, she now approached her teacher. But Betsy's basic fault lines would not change. Her best chance for some sort of productive life lay in learning how to live around them. There are many niches in this world, and one of my jobs is to help Betsies find a place where pride in self and acceptance of limitations might be possible. Trees survive in all seasons and, even if warped or stunted, continue to grow. They can thrive in unfriendly soil, though not all are beautiful and many grow aslant.

Psychosis, disintegration of the self, has been variously described. Winnicott, in his spare, sometimes elliptical fashion, called it "discontinuity of being," ruptures of psychological integrity in time and space. Anna Freud described varieties of anxiety, one of which she attributed to "the strength of the instincts." The child, conceived of as a vessel displaying variable tolerance for pressure from within, can sometimes be overwhelmed, flooded by its own impulses or emotions, and begin to lose its rivets, come apart. In this process the previously acquired skill of evaluating reality is lost, though sometimes it was never secured in the first place. It is distressing to witness a familiar person displaying grotesquely unfamiliar ways.

Albert, an eight-year-old, Eastern European adoptee, had an early history of sadistic abuse and severe neglect at the hands of his addicted, prostitute mother. The scars of cigarette burns were visible on both arms. Referred for his incorrigible lying and stealing, Albert was a lanky, gangly boy whose body

never quite seemed to fit him. He was especially attached to a radio he kept by his bed, needing its sounds in order to fall asleep. Albert reported a dream to me: his radio was flying through the air and suddenly broke into pieces that flew in all directions. I felt that this important dream was about Albert, suggesting that he and his most prized possession were one. He and his radio, the source of his only inner peace, had disintegrated, fallen apart and ceased to exist as they once had. After a heavy snowstorm, Albert was delivered to my office by a taxi, which was to pick him up after our session. He was clearly apprehensive about this arrangement and kept peering out of my third floor window so as not to miss his ride. Toward the end of our time, the taxi pulled in early; then, evidently called elsewhere, it turned and drove away. Albert watched with mounting panic, eyes wide with terror, moaning with both hands to the window, lost to any form of contact or comfort from me. If he could have jumped he would have. It was as if the taxi was his last and only means of reunion with his adoptive mother, and it, like his birth mother, had senselessly and abruptly abandoned him. Like the radio in his dream, Albert broke into pieces before my eyes. One of my former teachers believed that anyone could become psychotic if the fear they dreaded most became, even transiently, a reality in their life. For Albert, abandonment threatened the intactness of the self; to be left was to die.

Roadcuts in the region of the Great Eastern Fault, from which brownstone is quarried, sometimes reveal veins of quartz or basalt that disappear after a brief appearance, only to reappear miles down the road in greater abundance, transformed, at times deformed by beat and pressure into new forms with altered characteristics. Likewise, certain vulnerabilities that are present early in children's lives evolve into pervasive, malignant phenomena at later ages. Betty Lou, seven and in second grade, had just moved north from West Virginia. Her parents sought continuing treatment for their daughter's ceaseless agitation. As a toddler she had been acutely sensitive to sounds such as vacuum cleaners, power tools, showers or passing sirens, reacting with panic, putting her fingers in her ears. This hypersensitivity indicated a low stimulus barrier in that part of the brain that screens out and modulates incoming sensations to prevent flooding and confusion. The central nervous system of such children resembles uninsulated wiring, prone to short circuits and overload. Betty Lou was prone to both.

At seven, when I met her, this slight, ethereal girl with a long dress and long blonde hair could have been cut from an art deco poster had it not been for her pulsating anxiety, evident in her urgent voice and manner. In school she was in constant motion, and when sufficiently frightened, simply bolted out of

the classroom, running for home if able to reach the outside door. In my office she was the same, standing up, sitting down, moving from chair to chair, startled by sounds, unable to soothe herself long enough to settle. Relating oddly, invading my personal space, and trying to seat herself frenetically on my lap, she proceeded to tell me of her friends Arthur and Doris who had made her "Queen of Zucchiniland." Arthur was "half cat and half monster," Doris "half alien and half frog." I presumed these bizarre creatures were projections of her twisted self, self-portraits *in extremis.*

Her body image was also distorted, perhaps in part from urinary problems in her first year of life requiring repeated catheterizations. She commented: "Something in my front hinie (the family term for vagina) something in there, it's like what makes me swallow and swallow but you don't know about that. It's something that makes you feel like throwing up when you cough." While Betty Lou could not explain her comments, I became concerned that they might reflect sexual abuse, vaginal penetration and/or fellatio. But repeated and detailed questioning was not productive. Psychosis and sexual abuse can be fused and confused with one another or sometimes coexist. She subsequently described auditory hallucinations involving her name being called in a frightening tone and blurred voices whose words and identities were both obscure and confusing. At night she felt angels laying their hands on her shoulders in a comforting way. But during the day there was little comfort; her scattering, bizarre thoughts made concentration and academic mastery impossible, and her odd mannerisms alienated her peers. Winnicott suggested that describing psychosis as "going out of one's mind" was inaccurate and that madness for the most part involved going into one's mind; Betty Lou lived in hers, but neither that chaotic residence nor the outside world she tried increasingly to avoid brought her safety or repose. Her suspicious father permitted me only two meetings with his daughter.

Sebbie was referred to me for assessment of his anxiety. This pale, seemingly studious nine-year-old, unlike Albert or Betty Lou, gave off an aura of calm as he entered my office with his parents; the atmosphere resembled a college admissions interview more than a clinical emergency. Peering at me uneasily through thick lenses, Sebbie listened silently while his mother described his concerns over the past two years. He was certain that his parents were trying to poison him (to which he nodded in agreement), a conviction, growing stronger, that led to elaborate kitchen rituals around mealtime and refusal of all new foods. Sebbie was also concerned that bizarre creatures, half animal, half human surrounded his home at night, circling in wait for their prey outside his windows. He drew crude

likenesses of these Goyaesque beasts while, waxing animated, he recited their names. As all of this was communicated to me, I was silent. Sebbie's mother watched me intently and said, "You look worried. Are you?" I nodded. She continued, "You think this is serious." I nodded again. My consultation was over almost before it began.

There are certain situations which, almost at a glance, are clearly grave. Paranoid delusions are exceedingly rare in young children. They usually are seen in violent males who have been sodomized; this was clearly not the case with Sebbie. Here was a well-established, chronic psychosis, an adult-sized disorder strangely out of place in a child's body. Encountering it was like walking through a well-kept neighborhood and, suddenly, coming upon a home burned inexplicably to the ground. I arranged to hospitalize Sebbie on the day I first met him.

One of the saddest parts of my professional work is to bear witness to the slow but inexorable progression of what the great Swiss psychiatrist Eugen Bleuler called *dementia praecox* or schizophrenia. In its most elemental form this illness begins its sluggish ascent in early to mid-adolescence, quietly eroding away and crowding out healthy parts of the self until there remains an almost two-dimensional silhouette of what was—a gray, dull, fearful and avoidant vessel, emptied of its previous contents. This is "process schizophrenia," a formidable and usually victorious opponent, the cancer of child and adolescent psychiatry. What Bleuler felt was a brain disease turns out to be just that, though in its details still elusive. Fifty percent of children who develop this illness show no signs of disturbance prior to puberty; the other fifty percent exhibit varieties of behavioral problems in their early years. But the end result is a death in life, difficult to mourn since the body is still present but certainly not accounted for.

George, at seventeen, was a strong, handsome, muscular youth with closely cropped hair, the kind of boy one would think athletic and popular, riding the mainstream of adolescence. Accompanied by his mother, he walked slowly and stiffly, moving as if through water, and gazing blankly at no one. Until fourteen he was a reasonable student and a fine left-handed pitcher with an extraordinary fastball, good enough to garner two no-hit games. He had a steady girlfriend and was viewed as a leader by his peers. When he entered high school his grades began to falter along with his concentration, and he gradually moved to the social periphery, finding small talk almost impossible. When his girlfriend began dating a classmate, George, already depressed, became desperate as his world passed away before his eyes. On a

Saturday night he hid in the woods near his girlfriend's home, ruminating over his fate and jealously watching as her new boyfriend parked and entered her house. Overtaken by rage, he eyed the boyfriend's car for some minutes before stripping naked and knocking on the door Her parents, stunned and frightened, called the police as George fled into the adjoining woods; there he was apprehended in a state of confusion and hospitalized.

On the newer anti-psychotic medicines George became less agitated and paranoid, less convinced that others thought he was gay. He returned home but was no longer able to attend school, now sleeping late into the day, watching television and playing with his younger siblings as might a St. Bernard, not a robust teenager. At night he would roam his house, unable to sleep and at times frightening his parents by walking into their bedroom and standing quietly at the foot of their bed. There is a certain grayness to the skin and sometimes a mousy smell resembling stale sweat or urine that announce chronicity, the sense that some fixed, immobile process with a life of its own has seeped into the pores of the patient, exercising its power like a kind of psychological curare. So appeared George when

I first met him. He was depressed most of the time and aware of how many life functions he had lost. He wept, wondering if he would ever return to his old self but doubting it. A Catholic, he railed at God for giving up on him and felt increasingly that the Devil had won and was within him. He often mentioned suicide but clung to the narrow, constricted life that remained to him. He knew that I liked him but also knew that there was little I or anyone could do to reverse his fortunes.

As a clinician, in the face of graver conditions I can only feel despair at the disruption of a young life where one should see and feel growth and vigor, not deterioration. But it is usually possible to be helpful in some way, at times significantly helpful, and it is always possible to provide comfort. And for me at least, the various paths of lives, both up and down, are in some way beautiful, part of a Nature that mercilessly burns bare her land only to provide life a second, sometimes better chance with second growth. I am not a sailor, but I know the difference between tacking and running with the wind. Psychotic children and adolescents need permission to tack, moving forward by moving laterally, if at all.

My training in psychiatry, unlike that of the present day, involved a curriculum on the dialects and semantics of Bedlam. One of the axioms of my education was that I should follow severely disturbed and

psychotic patients for weeks, months or years so as to be at home with the kaleidoscopic, often indecipherable thinking and bizarre, erratic and frightening behaviors of the insane. For those of us with literary interests, this part of our training exposed us to the awesome creativity of the mind. James Joyce became alarmed when Carl Jung diagnosed his daughter as schizophrenic since, he informed the eminent psychiatrist, he thought in the same fractured manner as she did. Jung's considered response: "You dive, she sinks." Benefits notwithstanding, for mature physicians first entering psychiatry, to become at home with madness in adults takes many years and much support.

How, then, is the child with a mentally ill parent to understand and cope with the horrifying transformations that psychosis carries with it? I am certain that Dr. Jekyll and Mr. Hyde were born of experiencing such transformations, and that to compose the mad scene in *Lucia de Lammermoor*, Donizetti must have had first-hand familiarity with the descent from sanity into psychological hell. But they were hugely gifted adults who could transform madness into art. The psychologist Donald Hebb, in his studies on the nature of fear, opined that it is the partially familiar that inspires terror, violation of the expected that provokes dread. Violation of familiar expectancy is precisely what one observes in speech, thought, voice, habitus and facial expression in the decomposition of sanity into madness. One of the fundamental tasks of development in the early years, an essential survival skill, is to establish the capacity to differentiate reality from fantasy or the imaginary, a process usually accomplished by six or seven. However, if a young child's reality is the surreal, shifting, gothic landscape of parental psychosis, the expected is distorted much like images from the mirrors of a fun house. Amy, a sensitive eight-year-old whose mother suffered from an intermittent psychotic disorder, told me quietly, "It's like a bad dream that comes in the daytime when you're not asleep."

Alex, a six-year-old with freckles, copper hair, and a thin mouth that rarely smiled, suffered from that sort of day-mare. His teacher was concerned about his social aloneness and grim mien. It was January and she felt she knew him no better than when school had begun several months earlier. He never spoke of his family, and her questions were met with shrugs or silence. On my first meeting with Alex, I found him sitting stiffly and alone on the waiting room couch. Posture and muscle tone are reliable informants. In a tired, almost bitter tone of voice, he told me that his mother was shopping and would pick him up when we were done. He was unable to acknowledge his natural anxiety in meeting me but moved almost furtively around the office, clearly wary; his eye contact with me was fleeting. When our meeting ended,

the waiting room was still empty; I walked Alex to his mother's car.

Later, I met with his parents, both of Scandinavian origin. His mother suffered from Bipolar Disorder (manic-depressive disease) that had appeared in her adolescence. Like many patients with this condition, she was regularly non-compliant with her medication and exhibited bipolarity's characteristic, seismic mood swings. Paralyzed by depression for days at a time, she struggled to manage her family, often unable to rouse herself from bed. To Alex, at these times, she became a distant, unavailable presence. He assumed a caretaker role to cope. Then, without warning, his mother entered the frenzied world of mania: her engine in overdrive, her foot stuck on the accelerator, she became loud, bizarre, suspicious and very angry, always angry. And she rarely slept. Alex had learned to stay out of harm's way until his mother was hospitalized, an interlude that brought both relief and fear. This cycle often repeated itself.

In my office Alex favored drawing to talking. He drew obsessively, depicting an alien planet inhabited by a robot-looking creature that wore a helmet and armored suit much like a land- based deep-sea diver. Tanks and rockets perpetually blasted an unseen enemy. It became evident that the fantasy world Alex recreated on paper was a replica of the life he experienced with his mother, as well as his adaptation to it. Protected from harm by his mental garb, he chose to be alone, and when his mother went out of her mind he went into his; that is where he lived, since there at least he controlled the rules, the laws, the terms of life. His cautiousness about others, his basic distrust, seemed intrinsic to his perceptions —a psychological lens that was not correctable. This visual warp reflected his efforts to fend off his mother on the one hand, since she herself was not trustworthy, and on the other an incorporation of her own perception of the world.

Once I was called by his teacher about a worrisome incident. Alex was passing through the lunch line when he was jostled by another child and responded with a vicious attack on this boy that in its intensity was frightening to onlookers. Psychotic rage is similar. I hoped this was not an early warning sign of emerging bipolar traits and engaged Alex in conversation about the incident: "I guess the kid just bumped you." When he answered "No, he meant to, he wanted to, so he got it," I responded, "You hurt him." Alex answered, "I hope so." Alex and I communicated well with drawing when words failed him. In time he permitted me to pencil in companions to aid in the battle, allowing him to make modest progress

toward accepting comfort from friends in his lonely, extra-terrestrial world. Back on earth he became less withdrawn, able at times to enjoy his peers but unable to relinquish either his sense that danger was lurking nearby or his self-perception as an outsider, living on the periphery of life more as an observer than participant. He was rarely invited to birthday parties, an indication of his social isolation. In childhood, perhaps in later life as well, the ability to make and keep true friends is the single most reliable sign of healthy development. The odds are in favor of whoever can do so. Dale Carnegie may have been hokey but he was no dope.

For many children with seriously disturbed parents the family roles are reversed. Propelled by circumstances into premature responsibilities, they parent their parents. This reversal is only present, I believe, in the human species and speaks to the vulnerabilities created by our prolonged childhoods with their needy dependence. The precocious development of coping skills in young children is often as asset in later life, but resentment is always present and the durability of those skills variable at best, since they are furnishings of a first floor perched precariously upon a partially poured foundation.

Alex was a parental caretaker, and so was Margot, seventeen when she sought my help. Successful as a student and competent beyond her years, she had been free of psychological pain until a point in her life when her mother's partner of many years became ill with cancer. Grieving, despairing and desperate, her mother turned again to narcotics for relief, as she had in Margot's early childhood, and regressed to a state of semi-conscious, child-like helplessness. Nursing her mother during the first years of her own life, Margot had learned by three to dial 911 for an ambulance when her mother, stupefied by drugs, became unresponsive. She became night nurse and EMT. The reemergence of her mother's downward spiral had now evoked in Margot the needs that she had so long denied herself and the fury at her mother's failure to meet them. She reported a recurrent, vivid fantasy to me: her mother, dressed beautifully in a rust-colored suit, stood teetering on the floor, with Margot as a child propping her up from behind. To create what appeared to be a normal moment of life, she ran quickly around to face her mother, already beginning to topple backwards, forcing Margot to return to her old and hated task as a prop *in loco parentis.* This fantasy was no mystery to either Margot or me. It was a visual of what she wished for, a mother who could stand on her own rather than the one she had: a mother who asked much, gave little, and intermittently became a troubled child. Like most children with deeply disturbed parents, Margot lived in perpetual dread of a frightening specter: becoming the very person she most despised. It was

difficult to dissuade her from the conviction that she was fated to re-publish, without editing, her mother's book of life.

Development is weighted toward life and health; and others in my field have demonstrated that there are many forks in a child's road that can, if available and taken, lead away from the sort of pot-holed routes Alex and Margot traveled: a move to a stronger community, a re-marriage to a loving step-parent, a devoted teacher in a strong school system, athletic talent or marriage to a strong, supportive spouse, to name only a few. Another, of course, is courage in the patient her or himself. I have come to share with the children whom I treat the realization that bad luck abounds in life but that no one will take better care of their lives than they themselves. And while we may own little, if we are fortunate we own ourselves. If nature intended us to look back, she would have placed our eyes in the back of our heads. Besides bitterness, which like Orpheus always looks backward, the most malignant of illnesses in children of any age is passivity: good life outcomes rarely come to those who only stand and wait. Inertia coupled with the "Greyhound" mentality—leave the driving to us—insures paralysis of will, a far graver condition than the diagnosis of major mental illness in a parent or, for that matter, in one's self.