

The Children's Hour

HYSTERIA



Kenneth S. Robson, M.D.

The Children's Hour:

A Life in Child Psychiatry

Kenneth S. Robson, M.D.

e-Book 2016 International Psychotherapy Institute

From *The Children's Hour: A Life in Child Psychiatry* by Kenneth S. Robson, M.D.

Copy right © 2010 by Kenneth S. Robson, M.D.

All Rights Reserved

Created in the United States of America

*What is our life? A play of passion,
Our mirth the music of division:
Our mother's wombs the tiring houses be
Where we are dressed for this short comedy.*

- Sir Walter Raleigh

The pelvis is our skeletal center of gravity, the hub of our upright world. It bears the torso's weight from above and the relentless pounding of locomotion from below. Its several bones are joined into a kettle-like structure with a narrow, ovoid outlet that forms the birth canal. Within the pelvic cavity rest vital organs, among them the tools of procreation. In women, over the course of pregnancy, the pelvic joints give way, softening and stretching to accommodate the occupancy and exit of their *locum tenens* boarder. When push comes to shove, nature defers to youth.

In parallel fashion, the map of mind, resistant to any change in its established boundaries, bows to the brash demands for space laid down by the impatient Johnny-come-lately who arrives prepared to take up rent-free residence. Experienced clinicians know, from psychological test data gathered during pregnancy, that mind, like pelvis, bends only at a price. Gestation and insanity yield virtually indistinguishable test profiles. Madness and pregnancy are cut from the same pattern but different cloth. The fluidity of the mental apparatus seen in psychosis results from compound fractures of essential structures. In pregnancy those structures remain intact but acquire a benign and temporary state of plasticity that can mimic the disordered thought and psychic looseness seen in grave deterioration of mind.

During pregnancy the self, in its attempts to incorporate a new and unfamiliar other, exhibits bizarre appetites, primitive fears, morbid preoccupations and volcanic eruptions. There is merit in the ancient Greek notion that hysteria results when an unquiet uterus looses its moorings and wanders aimlessly about the pelvic cavity in a peripatetic search for home. It is no wonder that pregnancy's darker sides speak the language of Molly Bloom's soliloquy in Joyce's *Ulysses* and keen with the mournful, otherworldly echoes of the whale.

Cleo, an olive-skinned mother of four, found herself pregnant again. Pacing the floors of her Beacon

Hill townhouse, this caustic, diminutive Boston beauty railed against her state, raging at father and fetus alike. Her lamentations were recorded in a Joycean narrative she dropped casually in my lap as her opening statement, before seating herself at our initial meeting. Such documents are often like the opening notes of a symphony. What follows are variations on that theme. Cleo was referred by a former patient of mine who had witnessed with mounting alarm the erratic turns of mood and near-miss collisions resulting from her friend's gestational turmoil. Cleo speaks from the heart and from her wandering womb:

"I seemed to be in a dark mood . . . until I got home . . . there was no toilet paper . . . I started screaming, I frighten everyone . . . could have killed my self . . . I cried and ate a bowl of ice cream just like a fat person would do. I hate fat people; they have no self-control, neither do I. Can't get my fat ass going in the morning. Stacks of life are piling up around me. I just want to swim. I don't feel heavy in water. People tell me I'm getting big. I guess it is real. There is something, a boy inside me. Will some maternal instinct kick in ? He wants to name it Micah; too biblical for my taste. I just don't care much what it is called. Something bad will happen because of all these bad thoughts.

"I couldn't swim last night due to Martin Luther King. What the hell kind of holiday is that anyway? I am having somewhat clear thoughts of today, must be all the sugar. I remember quite vividly all of my violent thoughts for the past six months. I should have thrown that ugly necklace at him he gave me...stones of blue dug out of the ground. I am not a heavy stone person. 'Pearls! asshole, "I said I like pearls.' Could it be I don't tolerate men very well? Good thing my thoughts don't transpire into events.

"I hate everything. I dreamt of my grandmother. I kept looking and couldn't find her. I realized she was dead. I forgot. Last week I dreamt I climbed up a steep, slippery, ice-covered mountain with my father. I was wearing my wedding dress. I was surprised it still fit as my stomach had gotten so fat. I started sliding down...concerned the dress would get dirty...there were steep rocks and a drop into space. I kept wondering why the rocks weren't hurting me as my body tossed into them. It appears I am having a kid, I also dreamt of that for the first time last night (besides having a miscarriage) I wouldn't look at it when it was born though. Looks should mean nothing. I should be praying for a healthy child. Didn't I receive enough from my mother? She was in the dream last night, yelling at me for my behavior toward the kid. I think I got up and left the hospital swearing that the floors were dirty and I was going for a swim. I'd be back to inspect the kid when I

got my head in order. Then, to piss off my mother, I said I'm contemplating putting it up for adoption. Could I? I dabble with the thought. Can I love this kid? Is normal ever going to be real for me? I hate everything today. I won't have to contemplate suicide, this pregnancy will surely kill me.

"I don't think this kid likes me, he senses my feelings. He kicks the shit out of me. I will truly be afraid to look at him when he is born. This kid is mine. I probably can't give him away no matter what. My demons are back. I can't take care of a baby by myself. He is starting to be real but I hate the feel of fat on my body. Horrible dreams last night: I had the kid, went to look at him . . . he and other babies not moving, kind of frozen in jars . . . couldn't find mine, someone stole him. I never had a chance to see him."

Cleo's monologue portrays the more primitive and extreme dislocations of pregnancy: intense ambivalence, infanticide, magical thinking, profound doubts, lost freedom, changing body image, turmoil, deprivation and unfinished family matters revisited and reworked in dreams or nightmares. She longs to swim in amniotic fluid like her unborn son. Such disorganization is a precursor to the advent of a new edifice creating new living space. Regression that precedes developmental progress remains a fundamental law through all stages of the life cycle. Two steps back then three steps forward. Like Wagner's music, the mind in pregnancy sounds worse than it is.

I saw Cleo only a few times prior to the birth of her son Michael. While given to melodrama and hyperbole, she was not a fundamentally troubled person, and I chose to emphasize the adaptive aspects of her mental pandemonium to let her welcome her new arrival in a more receptive frame of mind. She soon fell in love with her son—joy became her portion.

Michael was a beautiful infant who nursed vigorously for eighteen months. He was weaned grudgingly into life as a curious, competent, amusing boy whose charm wore well. Despite family turbulence he grew into a richly endowed, urbane adolescent, though with a mordant take on the world. When I saw him last, at fifteen, he continued to convey the impression that his mother had been, and continued to be, the primary provider of the lovingly prepared sustenance at his table. Just as the pelvic joints, post-partum, return to their normal state of immobility, the jagged edges of psyche are rounded to a kinder, gentler whole greater than the sum of its previous parts. After delivery the turmoil of pregnancy fades into the numbness of memory, much as the pain of childbirth itself is lost to conscious recall like a

blurred but precious photograph.

A madwoman's pregnancy is another matter. Maureen embarrassed her tightly wrapped, accountant husband with her crude, sexualized humor, loud voice and endless, flamboyant flirtations. At eighteen, her green eyes and copper hair framed a pale, alabaster face that distracted one from her essential oddness. Her behaviors were regularly forty-five degrees off center, leading onlookers to wince with a discomfort they could not quite articulate. Her husband, in a state of chronic befuddlement, could never gain ground on his frenetic partner as he pursued her in an antic chase through the cluttered corridors of her life. Then, for the first time, Maureen became pregnant. Her restless womb launched cannonades out of the garish underworld of her madness.

Maureen had been under my care for several years prior to her pregnancy with Siobhan. I had seen her through two hospitalizations prompted by psychotic regressions that exhibited delusions and hallucinations. Her mental state at those times, and her family history of disturbance, led to an unfortunate prognosis. She suffered from schizoaffective disorder, a serious and life-long vulnerability that is characterized by periods of uneasy calm punctuated by episodes of total, psychic dissolution. Medications are of great benefit but during pregnancy, especially the first trimester, they put the fetus at risk for certain birth defects.

Because of this risk I opted, after discussing the matter with Maureen and her husband, to take her off all psychotropic agents until she had passed the first trimester without incident. As her dreams deteriorated into ghoulish scenes of mayhem, I knew that she would soon break the fragile bonds of her sanity and descend into florid psychosis. Dreams are the harbingers of impending madness. She reported nightmares of deformed babies that seemed to talk and act like adults. Repeatedly she dreamed of burying stillborn children and hallucinated the voice of her infant calling out to her after she woke. She ruminated on suicide and went so far as to fashion a noose for herself. I was forced to hospitalize her out of concern for two lives.

Her husband, who badly wanted something good and whole in his fractured life, wondered if good fortune would ever be his lot. As Maureen sank in and out of lunacy, she kept her comic slant on things, allowing both of us to laugh. But the relief was brief. Ruminations that for Cleo remained primarily

internal, erupted into all the corners of Maureen's world: her marriage, her family, and her friends. Conception had been painless; conceiving of herself as mother was driving her crazy. Her own mother seemed to have been limited, running out of energy to parent Maureen, who was the youngest of four. To complicate matters, as the gates of her mind swung open, Maureen recalled and dreamt of her mother sexually molesting her in childhood, manually providing enemas and "merry times" by digitally penetrating anus and vagina. Her past provided no resources for her maternal role to call upon and make her own. And in a Catholic family abortion and giving up a child for adoption were out of the question.

Placed again on medications, Maureen careened through the remaining months of her gestation and finally delivered, loudly, a pale girl child who looked somehow fragile. I have, over the years, come to use skin color and turgor as clinical signs of psychological stamina. Siobhan failed my test and entered the world with too little color, vigor and resilience. Maureen now came to our meetings with her crumpled baby and fragmenting life in tow. Like those of some new parents, her movements were awkward. I had been through two infants of my own recently enough to step into the breach with her baby on my lap. Siobhan was not easily soothed by her mother's clumsy efforts. Like her father, she often wore a look of uncertainty, confusion or, sometimes, fear. During one such session Siobhan wailed with increasing intensity until Maureen, overwhelmed, seemingly helpless and on the cusp of murderous rage, rose to her feet and handed her daughter off for safe-keeping. Bolting out the office door, she rushed headlong down the stairs, exiting to the street, with me in hot pursuit. She was found by the police, cowering under a bush, and hospitalized. A frightened Siobhan was retrieved by her father.

This dramatic turn of events propelled Maureen's mother-in-law into action. She moved into her granddaughter's home *in loco parentis*. She was a mature woman and an experienced mother of three whom fortune delivered at the right moment. I continued to follow Maureen and had many occasions to watch her with Siobhan. Her native discomfort with the physical and psychological aspects of parenting persisted. I feared for the future of this chalk-white child who had her mother's red hair and, I hoped, few other traits born of the maternal gene pool.

A fundamental sense in the early months and years of life that the world is unsafe—and for Siobhan this was her reality—can leave the growing child with a profound mistrust of one's self and

others that endures throughout life. On the other hand, many children with a deeply troubled parent overcome that adversity and thrive. In similar fashion, five percent of humanity is at genetic risk for schizophrenia, yet only one percent develop the illness. Eighty percent of the vulnerable gene pool is protected by nature, good fortune, and the force of will. In baseball, four for five is an unheard of .800 batting average. One of the great pleasures of my profession is to witness in later life the resilience of children whom one has worried about and managed during their earlier years.

There is another lens through which to regard conception, gestation and birth. Childhood fantasies of pregnancy are a study in their own right. Often they are amusing but demand an attentive audience. My first encounter with such fantasies occurred during my training years when a close friend's jealous three-year-old, now the sister of a new baby, ran screaming into our midst with news that she had just had a baby. "Come and see," she proudly implored, guiding the assembled multitude to the bathroom. There, floating in the toilet, was a fecal stick. "It's a hippo," she cried, "I had a baby hippo." After proper accolades, the newborn was dispensed with in the usual manner, much to the chagrin of the imaginative mother who was forced to witness her offspring flushed out of existence into Boston harbor.

This equating of feces with babies is commonplace and reminds us that, in early childhood, logic takes a back seat to imagination's powerful sway. If you wish it, it is so. The sky's the limit. Anyone can do everything with anything. Sarah, an animated five-year-old, had maternal ambitions similar to most of her peers. Sarah charmed. Her strategic plan, as it emerged in the course of therapy, was singular. Sarah was referred for fears and nightmares, common symptoms in five-year-olds. Atypical in girls was the nightly bed-wetting that infuriated her mother, and embarrassed Sarah who, nonetheless, continued wetting despite her earnest vows of entering a new, dry age.

Sarah loved to draw. She came enthusiastically to her sessions with crayons and paper in hand, ready to spontaneously unravel her troubles in the rainbow hues of Crayola. Her pictures were sunny and full of the life that she herself displayed. Flowers grew in profusion around cozy cottages, dogs and children gamboled about and, always at the center of things, a mother pushed a baby carriage. Though the baby's name changed weekly, the family seemed, in composition, remarkably similar to Sarah's.

Like every responsible homeowner, Sarah was intent on maintaining her gardens through the hot,

dry summer. I noticed that watering cans appeared and were used with inordinate glee to flood the beds. "You know, Dr. Robson," she informed me, "flowers don't grow without water; nothing grows without water." I had broken her code. How about babies I inquired innocently. Sarah turned Crayola's deepest shade of red, set down her crayons, and waxed silent. Such abrupt interruptions of play are signposts of anxiety. "Sarah," I commented, "you don't need to water down there for babies to grow. At the right time you'll grow one of your own in your own family in your own house. You'll need to wait until you're ready and that will be soon enough. And," I continued, "if you stop wetting your bed you'll feel more grown up and mom will stop yelling at you." The trade-off apparently felt negotiable; Sarah shortly slept through the night between dry sheets.

When Freud took on the issues of pregnancy and childbirth, from the vantage point of his male-dominated world, he left boys out of the picture, denying them their rightful place in the annals of reproduction. He emphasized the girl's discovery and chagrin over her absent penis and her envy of males for their plumbing. But pregnant parents of boys, if reasonably observant, will catch these virile youngsters pushing out their bellies and pretending they are with child. The extraordinary powers of a mother to grow a new human being do not go unnoticed by male children. False pregnancy and childbirth, *pseudocyesis*, is more common in women but is a well-documented syndrome in males envious of the mysterious feats of mothers and keen to show the world that gender has not undone them. Adam lost a rib that might as well have been a womb.

The anatomy of the ano-genital region is a complicated map for children to master. But add to its orifices, organs, passageways, and products the psychological embellishments of sex, excretory functions and childbirth, with their attendant shame and fascination, and any sensible child must find a simpler way. Conception is easy enough to figure: what goes in the mouth passes to the "stomach" and out of the most familiar hole, the anus. The oral route to pregnancy is a powerful, tenacious fantasy that has been implicated in conditions such as anorexia nervosa and related gastrointestinal syndromes. A seven-year-old girl I evaluated as a victim of alleged sexual abuse had become mute and stopped eating. She had fellated her step-father and was terrified that her wish to have a baby would now, illicitly, be granted. An adolescent honors student referred for evaluation of the sudden onset of panic attacks and a ten-pound weight loss had fellated her boyfriend and shamefacedly wondered with me if she was pregnant. The fantasies of oral impregnation vanquish logic and common sense.

In childhood the fantasy of a cloaca is the rule: one common orifice through which urine, feces, gas, and newborns pass indiscriminately. My three-year-old granddaughter recently asked her mother: “Mom, when I came out how did you keep the pee and poop off of me? How did you get me out of the potty?” The old Jesuit dictum of original sin placed our beginnings where sin properly belongs: *inter urinas et feces*. Since the rectum, for children, is the only familiar orifice out of which anything approaching the weight and mass of an infant may pass, anal birth is logical. Little goes in and less comes out of the vagina, which remains an anatomic mystery to most young children. And texts or illustrations do not correct the anatomic charts of childhood that rest upon what is rather than what might be; feces fall, gas passes and, from that well-lit main exit, with the grace of god, babies, too, enter this world.

The only literary memory of conception that I have found occurs in a wonderful passage at the beginning of Laurence Sterne’s *Tristram Shandy*, where Tristram blames his unfortunate life on the fact that his mother interrupted coitus by asking whether a clock had been wound. But similarly bizarre intrusions surface in therapeutic sessions. A depressed patient of mine, the mother of three young children who longed for peace (and sometimes death), dreamed that she was sliding headlong down a spiral tube awash with rusty water. We both wondered if her dream was some old, Bakelite recording of her descent down the birth canal. Be that as it may, familiarity with children’s colorful iterations of pregnancy and childbirth is essential if child psychiatrists are to comprehend the tragicomic chapters to come.

The sanitizing process of socialization is a hindrance to effective clinical work with children. The practitioner should be intimately familiar with the mind of the very young child and with his or her own past erotic and excretory experiences. The innocence of childhood is a wish generated by adult anxiety, an editorial about all the news that’s unfit to print. I was not a sexually precocious adolescent nor was I naive. But my first pelvic examinations of women in medical school felt illicit. And my initial efforts at catheterization of a female patient could have been a scene showing Laurel and Hardy or Abbott and Costello as medical impostors. As for rectal exams, more often than not I followed the lead of my mentors and wrote in the chart “deferred.” When that dodge failed and there was no avoiding the opening, you could always look the other way and imagine that you were shaking hands with an embarrassed stranger—yourself.

Caring for my own children helped. My youngest son, now an adolescent, still enjoys a photo of me, dressed to the nines and holding him as an infant, with a patch of his vomit prominently displayed on the shoulder of my suit coat. He is amused by my lack of distress, then and now. And age (as well as my dogs) creates the same phenomenon that I experience in Chinese restaurants. Just as all the menu items seem to taste alike, so the body's various excretions and secretions—urine, feces, spit, sweat and the singular smell of childbirth—develop a common and less noxious valence with the passage of time. What once was foreign becomes familiar, and once familiar is a legitimate source for humor.

Pregnant mothers engage in their own imaginings. A private exchange, occurs between a mother and her unborn child. Few are privy to this silent process since it occurs in the closed spaces between mind and uterine darkness. Much is dreamed or intuited. Like the starling in *Mary Poppins*, who was fluent in the babble of pre-verbal twins, mothers, too, may conduct intra-uterine chats in the archaic tongues known only to them and their fetal companions. Contact is delightful and quite the opposite of neurosis, as is much else in the world of gestation, much that might at first seem strange.

The loosening of mental processes seen in Cleo and Maureen rarely reaches such intensity and more rarely still crosses the line to madness. Still, many a pregnant mother feels estranged from her fetus, particularly during the first pregnancy. This sense of estrangement was captured in a charming manner during a research project I was involved in many years ago at the National Institute of Mental Health, where I spent two years involved in infant research. My friend and colleague Dr. Howard Moss and I interviewed fifty-plus primiparous mothers, both prior to and after birth. Their commonest dreams were filled with images of childbirth, but the delivery did not involve the naked, speechless, noisy, puzzling neonate. The dreamed infant emerged dressed like a toddler (shorts, shoes and all) who already walked, talked, and socialized. Yet with few exceptions, these new mothers adapted quickly to their roles as translators of their neonates' scrambled, wordless language.

In most pregnancies the resilience of the pelvic joints and the mental apparatus permit, with birth, a return to their original alignment. Little else remains but the slender stretch marks etched on memory and into the skin of an abdominal wall covering a now empty uterus. Life turns to more pressing matters: caring for a tiny, powerful, alien presence who has emigrated from familiar darkness to an unfamiliar shadow world, a presence that extends a mother's consuming passion from pregnancy into the light of

day—a passion that D.W. Winnicott labeled “primary maternal preoccupation” that is no more nor less than falling in love.

A wise clinician once wrote that mourning and being in love are opposite sides of the same vital coinage, both sharing in common ruminations that crowd the mind, urgent longings to be with the one you love, be s/he newly arrived or newly departed. It is as if nature, in some quirky balancing act, some search for symmetry where there is none, matches the joy of our most precious gains to the sorrow of unbearable losses, and, in some kind of atavistic justice, lends proportion to the beginning and the end of days.