

The Children's Hour



VISITATION

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The Children's Hour:

A Life in Child Psychiatry

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Visitation

One trembles to think of that mysterious thing in the soul, which seems to acknowledge no human jurisdiction, but in spite of the individual's own innocent self, will still dream horrid dreams, and mention unmentionable thoughts.

- Herman Melville

The torments of Hell were not merely scriptural in medieval times; obsessive thoughts and compulsive acts plagued the early clerics as visitations of the Devil himself. It was commonplace that during the performance of the Mass, practitioners suddenly and repeatedly visualized Christ squatting and defecating on the altar, a profane image that filled its owner with shame and disgust and could come from nowhere but the darker regions. Before Freud linked obsessions to emotional states such as aggression, sexuality or guilt, and the later insights of biological psychiatry began to trace and treat their neurochemistry, virtually nothing was known of the origins of these phenomena. But superstition and rituals to ward off calamity were as familiar to Sophocles as they are to children, as seen in their games, and to major league baseball players. Generations of (not so innocent) schoolchildren have carefully side-stepped the crack in a sidewalk to spare their mothers a broken back.

All varieties of psychological disorder, beginning in childhood and moving into adolescence and adult life, tend to be organized by obsessive-compulsive phenomena, whether they are repetitive images or ritualized behaviors. In this respect they may alert the clinician, like highway flares, to trouble ahead. At times they are furtive, arriving suddenly and silently, leaving without a trace. Or they may become relatively fixed as annoying companions or alien, persecutory furies. A scholar in this field tries to comfort his troubled patients by thinking of their obsessional images as “mind-farts,” random, harmless flatul that passes. But children so afflicted need more than Turns for comfort.

Obsessive-compulsive phenomena conform to a bell-shaped curve, one end of which resembles normal variants. In toddlers and preschoolers, for example, one can observe a variety of such behaviors; usually they generate a smile or an anecdote and pass out of the child's repertoire and the parent's awareness. I have watched one-year-old infants carefully, systematically pluck bits of food or dust from their clothing, upset if they are unable to do so immediately. Toddlers may organize their toys in a particular manner that neither they nor an adult can alter without a tantrum. For most young children

these ritualistic habits are of no developmental consequence; they are epiphenomena and harmless additions. In others they take on greater significance.

Carolee was four when she went to live with her paternal grandmother. Born in a trailer park, witness to sexual orgies and parental violence, she lacked the filters to screen out the toxins of those early years. She fought off intrusive memory with an array of repetitive eccentricities. This plump, appealing preschooler with long, strawberry blonde hair, was wide-eyed and wary. A tiny martinet, she dominated her grandmother, whom she had in tow when I first met her. "No, Gram, I won't talk to him, I don't like him, I won't go in there." To my friendly greeting, she responded "No." I said nothing, walked into my office, took out the dolls and dollhouse and, sitting on the floor, began my solitary play; I did not look at Carolee, who shortly clambered down beside me, eyeing the house and me alternately. I continued furnishing the dollhouse without glancing at her, enticing her with delicious neglect she succumbed to. Soon we were playing together. "It's safe in this house," I murmured. Her precocious language development was helpful as we moved between actions and words.

At home, Carolee's tyrannical rituals disrupted the household from morning to night. Her food preferences were limited to cranberry juice and canned baby peas, which she ate one at a time, pinched between her right thumb and forefinger. The peas had to make a circle that Carolee traversed from left to right; any violation of this sequence required going back to the beginning, amidst much distress. Dressing was worse, her acceptable selections limited to pink, flowered dresses with white hems. Bedtime, for frightened children the precursor to dark, solitary outer space, was interminable. Grandmother had to sit with arms folded and legs crossed; three dolls were placed in the same spots to guard Carolee as her hair was brushed until it was free of all asymmetries. The same prayer, in the same tone of voice and volume, was uttered repetitively until grandmother got it right, exactly right. If she survived the night without terror, the morning perturbations were almost comical. Carolee, never schooled in dance, insisted on twirling three times, like a miniature ballerina, to ward off some evil presence as she climbed down from her bed; these gyrations made her dizzy enough that she lurched unsteadily to the bathroom, where new ceremonies were conducted.

My visits with Carolee were limited to managing her regimen of medications; I saw her perhaps three or four times a year over several years, but we had a good connection. When she saw me coming to

greet her in the waiting room, she smiled broadly, darting into my office to pull out familiar toys. Her rituals decreased but remained, and when she was anxious, as in school, they intensified. She was a shy child, and odd enough to make peer relations complicated. I could imagine her in twenty years as a dedicated, quirky, reference librarian.

Compulsions like Carolee's are visible to the world at large, while obsessive thoughts are the private property of each owner, an unhappy audience of one. Only when the content or frequency of such mental tics becomes painful or excessive are they exposed to the light of day. Allie sat sullenly in my waiting room. At eight, she was unusually short, her freckles and tousled jet-black hair making her appear younger than her years. The oldest child of Boston Brahmins, her privileged life had not brought her joy. She rarely smiled, presenting a dour mien in keeping with the bedtime bouts of despair that her parents described: abject, miserable, she would loudly bewail her unhappy lot with, "I hate my life, I hate my family, I'd be better off dead," or "This is the worst day of my life." These tearful, heartfelt diatribes alarmed her parents, who could discover no cause for such gloom. It was entirely out of keeping with her many gifts: a sharp intellect, athletic prowess, artistic competence and a very wry sense of humor. None of these kept Allie from feeling "ugly, really ugly." She had given me my opening.

We had become friends. What, I wondered with Allie, was this "ugly" business in a pretty, smart girl like her? Sheepishly, she answered, "my bad thoughts, my troubles." She was silent, squirming. "Can you draw them for me?" I asked. "You know my drawings stink...you can't help me," she said bitterly, accusatorily. No one can help me." And she wept, refusing my efforts to comfort her. I told Allie that I used to see a boy her age who brought me his arsenal of "bad thoughts," sadistic fantasies involving tearing family members limb from limb, urinating on his new baby brother, and more. She brightened and listened intently. When I was done, she asked where he lived, what he looked like, and whether he attended her school. She thought she knew him. Hadn't she seen him in my waiting room last week? Then she offered, "Do you want to hear about mine?" I gave an uninterested shrug impossible to resist, and her unburdening began.

There were three distinct and powerful obsessions: one involved her front teeth and gums being torn from her mouth (she rubbed her mouth and grimaced in the telling); a second image displayed both wrists bleeding, punctured by a sharp object. Only in time was the third described: the fingernails of her

right hand, with which she masturbated as a sedative during sleepless nights, being torn off one by one. For Allie these imaginative events were concrete, physical realities. "You know," I offered, "those are just thoughts; they seem real but they are just feelings like everyone has. You feel bad when you tickle yourself, but losing your fingernails, that's a little much. Why not take number three as a signal you are feeling naughty, naughtier than you are?" As together we translated, broke the code of these images, Allie wrote out agendas prior to our meetings to focus the work, arriving weekly with a yellow sheet with issues written out in order, a list of psychological errands.

Her nocturnal implosions diminished, but her depression continued and her self-loathing remained. For now we focused our attention on the harsh, cruel tenor of her intolerant conscience and the fury she often felt over perceived slights: girlfriends she envied or teachers who awarded her less than perfect grades. But new obsessions were born over the years of our therapy. By eleven, Allie had developed modest breast buds; shortly after being teased about their diminutive size she developed a repetitive image and painful sensation of both breasts being pierced by a knife. The meaning of this obsession became, without prompting, immediately clear to Allie, who observed, "My troubles have to do with what I don't like about myself." Her capacity to reflect on an important dynamic of her thoughts allowed me to comment: "So think of them all as poems or messages that can be put into words like you did just now, harmless poems, symbols that are simply pictures of feelings."

Allie's mood improved but her obsessive thoughts, while bothering her less, did not decrease in frequency. Allie, her parents and I agreed upon a trial of Fluvoxamine, a medication helpful in the management of Allie's disorder. Within a month there was a notable decrease in all of her thoughts and a greater ability to disregard them. Rectal bleeding forced Allie to undergo a colonoscopy; this intrusive procedure was not only an assault but, naturally, carried a sexual meaning to a pubertal girl. For Allie it was a physically painful procedure. Some weeks thereafter she reported an obsession involving a painful piercing of her anus, a sequence she was now familiar with and could translate with relative ease. Then, opening a session, she described a curative dream: she was alone in a dark, Hitchcock-like house with male intruders threatening at the windows. Friends appeared and plotted with her to give the assailants laxatives, a part of her prepping for the colonoscopy she found especially unpleasant. She had dreamed for her enemies a proper but harmless revenge, a taste of their own medicine. Her dream was about mastery and health: friends joining her to convert the helpless status of patient into one of

active, collaborative problem-solving. It was also funny, and when she reviewed it with me I burst out laughing, much to Allie's delight. Her dream reflected age-appropriate, mature perspective that to me was encouraging.

By the time she reached thirteen, Allie's obsessions had receded. They had either disappeared from view or, when visible, had faded to irrelevant wallpaper that rarely claimed her attention or distressed her. She wondered if they might never disappear entirely. Because they did not deter the healthy progress of her development they loomed small to both Allie and me. She experienced depression from time to time around the same issues with which she had begun: remaining hypersensitive to rejection, prone to envy others and, and quick to criticize her basically loving family. But she moved away from black and white, all or none, introducing increasing amounts of gray onto her palette. The greater part of her energies was directed at academic success, social comfort with friends, and a willingness to try new activities and master them. She was seen as a leader by her peers. The swarm of boys who hovered around her tended to dismiss her feelings of unattractiveness. Her core was solid and she steadily amassed new skills that built upon one another. She continued to see me, musing from time to time on a career in child psychiatry, using me increasingly as a mentor. She knew that I genuinely believed in her strength and her prospects for a rich and productive life. On one occasion I told Allie that someday her "troubles" might be of use to her, that what are liabilities at one time in life may become assets at another, that enemies can become friends. "They are just poems; poems are not only about beautiful things," I reminded her, "just poems that need reading." Allie was last seen when she was eighteen; she was in college and enjoying both academics and social life. Her obsessions seemed dimmer and less disruptive to her being.

In some children lacking Allie's strengths, the self seems organized, held together, by a fragile assemblage of rituals, behind which lies psychological chaos. Rituals in such situations represent the last vestige of an orderly universe. Nan seemed to like animals more than people. She was at ease with all the creatures of the field. I saw her in consultation on the farm where she had spent her first five years. While she was a beautiful child, her eyes were wild, nervously scanning her surroundings rather than making contact. Her hair, like her, flew in all directions at once. Her mother, divorced for some years, was increasingly worried about her daughter's odd behavior. In kindergarten Nan stayed on the periphery, playing alone. At home, her bedroom had become a fortress against her anxiety, guarded by toy horses

organized in rows according to size and color. Anyone daring to move one risked a furious attack from their trainer. If her arrangement was scattered by a sibling or cleaning efforts, Nan was filled with panic, screaming inconsolably until the horses were returned to their original places. There was no room for error. Her bookshelf was an equestrian collection containing myriad volumes carefully arranged by height and width. On her bed rested a dozen more Percherons, Morgans and Palominos, lying symmetrically, tail to nose, where Nan slept. "Do you want to see my horses?" she asked. I nodded silently and for the next half hour Nan methodically introduced me, by name, to each of her charges on the floor, in the books, on the bed. She insisted that I repeat each name just as she pronounced it. Hard enough for me to experience, this unilateral, compulsive behavior would have totally estranged a five-year-old peer. Nan's passion for order would have discouraged the most ardent lover of horses. It held Nan together, held off mankind.

Obsessive-compulsive behaviors are classified as a form of anxiety. Nan's was nameless panic; Ephraim's was worse. Asked to interview this sixteen-year-old youth for a teaching seminar, I left the classroom to greet him, as was my wont. Standing stiffly erect, tall and thin with bright red hair, he silently refused my outstretched hand. He entered the room but would not sit down, preferring to place himself at a distance from me and the other physicians in the room. He answered my questions in a monotone. "I notice you stand up. Is there any special reason for that?" "Sleeping, cosmic poison, germs that cause bad diseases," he answered. "I can't touch them or I'll become very ill." He alluded to threatening voices he heard night and day, their malevolent intent being to bring the world to an end.

We spoke together of the Judgment Day; in time, this topic brought us to the Columbine shootings. "I guess," Ephraim started, "it wasn't such a big deal. It was just political. The guys that died deserved to—rich and spoiled. The papers made too much of it." Ephraim's compulsions and obsessions had lost their struggle with what lay beneath; his was a fractured mind that could, in the right circumstances, become dangerous. His concerns exceeded anxiety; they represented what Bleuler called *Dementia Praecox* or early-onset schizophrenia. His rituals and fears were useless sandbags, failing efforts to stem the rising floodwaters of madness.

Joseph (he insisted on the full name) was a curious mix of humor and pathos. At fourteen he appeared in my office as a slender, odd-mannered youth with an overhanging shock of black hair, dark

eyes, a high-pitched, feminine voice with the effeminate gestures to go with it. This likable boy would not enter my office, or remain there, without the presence of his attractive, attentive, divorced mother as his audience and security deposit. The problem, Joseph forthrightly explained, was that certain unmentionable thoughts filled his head to the bursting point. These thoughts had now led him to seriously contemplate suicide. As he recounted this worrisome tale, his mother nodded and smiled, free of any noticeable concern.

With modest encouragement from his mother and me, Joseph filled in the lethal blanks. For some years now he had imagined having sexual intercourse with his mother. He also daydreamed of murdering her with a kitchen knife. These two fantasies had become insistent, obsessional thoughts that felt close to action. Recently, these two themes had been joined by suicidal obsessions that included hanging, jumping, overdosing or slitting his throat with the same knife he imagined using to end his mother's life. Such undisguised imaginings of incest and matricide are frightening to me. They represent primitive impulses close to the act imagined and tell me that the ego is held together by little glue, protected by few filters, and blessed with no malleability—that adaptive mechanisms are impoverished almost to the point of psychotic fragmentation. As I spelled out my serious and relatively urgent concerns for the safety of both mother and son, the mother continued smiling fondly at her son, and pleasantly at me. I took note of the wedding band on Joseph's left hand. He told me that he had never been asked about it before, was not teased about it, and liked the feel of it. He would not consider setting it aside. Mother listened, smiled and nodded in apparent agreement.

This was the Devil's marriage. A misfit son and his single, adoring mother were linked into what in previous times was called a *folie a deux*, madness in a duet. Mother had a permanent partner, a generation younger than she, who gallantly lusted after her, while son had companionship and free access to erotic and violent dreams that, though at times uncomfortable, were a source of entertainment and pride. My posture was one of a humorous wet blanket: I urged mother to approve my recommendations for anti-psychotic medication, a safety plan, and close contact with Joseph's non-physician psychotherapist. The ring was not up for discussion. Fortunately, the mother had enough distance to accept my alarm. Under medication, Joseph's obsessions diminished and became more available for translation by his therapist into more civilized and comprehensible forms. The need to deal with the mother's role was imperative as well. Slowly, psychic breathing space appeared in this X-rated

melodrama as the benefits of boredom became evident to both mother and son.

Of course, there are happy compulsions; sometimes, if you believe, they win ballgames. I love baseball and know of misfortune, having grown up a fan of the luckless Chicago Cubs and later becoming addicted to the Red Sox, cursed until 2004. What are a few harmless rituals if they get you to the World Series? So my son Sam and I watched the great shortstop, Nomar Garciaparra, from out seats in Section Seventeen at Fenway Park. Nomar is a bundle of oddities: he exits the dugout toddler-style, taking pains to place one foot, then the other, on each step. He doesn't change his cap. He never touches a batting weight. He tugs ardently on both batting gloves between pitches and, displaying what is certainly the most copied compulsion of New England Little Leaguers, he alternately taps the toe of each shoe into the dirt of the batter's box three times before the next pitch, a Bojangles Robinson of sport. I ask myself, should his obsessive-compulsive disorder be treated? And ruin his luck, drop his batting average to the low two hundreds, compromise his on-base percentage, his record output of extra-base hits? This is no disorder; this is the exercise of pure talent, establishing continuity over the season, the years—rhythmic rites and rituals that might someday carry Nomar to Cooperstown.