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Prenatal and Perinatal Memories Collected from Psychotic Adolescents (Core Attention)

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Abstract

From our clinical experience with psychotic adolescents we learned that a special kind of attention to their verbal content, especially during the acute state, may often provide meaning to seemingly meaningless verbiage that is related to early experiences, i.e. prenatal period, birth experiences (trauma) and the relationship between neonate and primary object. The so-called meaningless sentences were recorded while anamnestic data was still incomplete, and only then did we examine the patients' early histories with greater care in order to strengthen or refute our hypothesis. Many statements represented realistic descriptions of past events.

Zusammenfassung

Aus unserer klinischen Erfahrung mit psychotischen Jugendlichen lernten wir, daß die besondere Beachtung des sprachlichen Inhaltes, besonders während der akuten Phase, oft bedeutungsvolle Inhalte von scheinbar bedeutungslosen Sätzen erschliessen kann, die sich auf frühe Erfahrungen beziehen, speziell der pränatalen Periode, Geburtserfahrungen (Geburtstraumata) und der Beziehung zwischen dem Neugeborenen und der primären Beziehungsperson. Die sogenannten bedeutungslosen Sätze wurden aufgezeichnet, als die anamnestischen Daten noch unvollständig waren, und erst dann erforschten wir die Lebensgeschichte der Patienten mit größerer Sorgfalt, um zu prüfen, ob sie die genannte Hypothese bestärken oder widerlegen. Viele Feststellungen der Patienten stellten realistische Beschreibungen vergangener Ereignisse dar.

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Current methods of identifying the influence of early life experiences on personality structures, are based on reconstruction of early childhood through adult psychoanalysis or child observation [1,2]. It is well known, that in the acute psychotic state the unconscious floats to the surface, providing an opportunity to meet with early part objects and early and basic feelings of well-being or suffering, that are associated with pleasant or traumatic experiences [3,4,5].

A number of authors considered in their work a recurring phenomenon associated to certain unfortuante infants possessing a particular constitution which, as a result, denies them the ability to experience pleasure. These infants suffer from anhedonia, similar to that experienced in depression and schizophrenia, boredom and loneliness [6]. As part of the diadic bond experienced in infancy, when the mother, on the one hand, is incapable of rendering the feeling of well-being, or, on the other hand, the infant (for the above-mentioned reasons of constitution) is incapable of sensing the feeling of well-being from its mother, frustration mounts. This situation is similar to an on-going trauma or a repeating trauma, and creates the feeling of suffering [7].

Adolescence is a stage in normal development when all aspects of the personality experience regression in the service of the ego, resulting in progression and reorganization. It is easy to understand then, that in adolescence, when an increase in urges and a reawakening of primary conflicts occurs, all aspects of the personality experience turmoil. It is the "healthy" adolescent's "role" to "weather the storm" successfully. Certain adolescents possessing weak strengths of character are incapable of leaving the stage of normal regression and enter, as a result, into a state of psychosis [3]. It is even anticipated that the psychotic contents will lead to the observation and understanding of early childhood experiences.

From our clinical experience with psychotic adolescents we learned that *core attention* during the acute state of their illnesss, could often provide meaning to seemingly meaningless verbiage related to early experiences (perinatal period, birth experiences especially trauma and the relationship between neonate and primary object(s) [8]).

We would also like to bring to your attention a number of examples for determining both the anamnesis and clinical picture. However, since our time is limited and we cannot examine each example in detail, we shall discuss only the relevant issues.

The following sentences were recorded while anamnestic data was still incomplete, and only then did we examine the patient's early history with greater care in order to strengthen or refute our hypotheses. To our surprise, many statements represented realistic description of past events.

"D", a 17 year old girl, was hospitalized in our adolescent ward in a state of catatoniformic psychosis. She complained of a recurring feeling of deep suffering saying: "I feel a huge fog pressing against my chest causing me to feel bound as if paralyzed."

Melanie Klein, when listening to the descriptions of her patients' memories during psychoanalysis (when they talked about either a cloud or a shadow), regarded them as symbolizing either good or bad breasts. It appeared to us that

our patient described an early breast-feeding experience that was associated with great suffering. We gathered further early anamnestic data and found that during the time of the mother's pregnancy heated arguments often erupted between her and her husband. The mother suffered from extremely painful headaches during her pregnancy. When "D" was born, her mother was told that she was beautiful, however, the mother could not even look at her. "D" 's mother did not consider her infant daughter a beautiful or attractive baby. The mother suffered from extreme exhaustion for some time following the birth of her daughter. During this same period many visitors were present in "D" 's home and took care of her because the mother just "didn't have enough time" herself to take care of the infant. The mother did in fact nurse her daughter, however, her nursing "techniques" were unusual and included leaning over her. The mother says that she was so repulsed by the intimacy of her daughter's touch until even the daughter's skin disgusted her. The mother also said that "D", as an infant never once smiled.

"A" had a habit of wetting his head and face with water while repeatedly saying to himself, "something is wrong in the air". While retracing his past in anamnesis we found that he suffered from birth trauma; and more specifically from cyanosis at the time of his vacuum birth followed by a low Apgar rating. We considered his referral to water as the stage when he was either in the womb (amnion fluids) or during the passage through the birth canal. "Something is wrong in the air" apparently refers to breathing complications at the time of "A" 's birth or during the birth process.

"C" claimed that he would eat and vomit, and then afterwards eat what he had vomited. We found a pathological relationship between him and his mother during the very early stages of nursing to the extent that he, as an infant, would vomit after being nursed whereby his mother would, again and again, resume nursing him. Apparently the experience of nursing and regurgitating remained embedded in his subconscious (an autistic cycle, with no object).

"Y" returned from a week-end holiday at home and requested to be released from the hospital. He told us he wanted to be released from the ward yet simultaneously expressed an underlying desire to remain in the ward. "Y" 's mother, (diagnosed as a borderline personality disorder) reported that when "Y" was a pre-toddler, crawling and later walking, she would become consumed with anxiety and not allow "Y" to leave her side. Yet, on the other hand, she could not feel or show affection towards him and would be repulsed by his closeness and even his touch. So that even though she was anxious due to his crawling and walking, she denied (subconsciously) his achievements, and as he approached her, she would send him away, only to repeat the same cycle over again.

"M", a psychotic anorectic (female) adolescent, described two methods of eating: 1) "O.K.", slowly chewing a pre-determined amount of food and 2) "not O.K.", quickly swallowing big pieces of food followed by a feeling of acute anxiety which then developed into an attack of bulimia. Presentation of her acute psychosis included shoving a rubber hose down her throat in order to induce vomiting, and not coming into contact with other individuals so that she could not contaminate or defile them, etc.

We feel this is an example of reviving experiences with the incorporation of object parts until reaching a feeling of cannibalism (a feeling described by the patient). In anamnesis we found that "M" apparently was born with aggressive urges. According to her mother, "M" could not be nursed because of her incessant and hard biting during nursing. Her relationship with her mother is characterized, still today, with a mutual aggressiveness.

It seems that such an approach may allow for a more direct understanding of the patient's psychotic language as well as the understanding of what has been told on a symbolic level. This kind of understanding affords a more significant dialogue to take place while reducing the psychotic adolescent's anxiety level and presents a basis for the therapeutic language. Likewise, information gathered in this way together with a very careful recording of past history will make for a more thorough recognition of the patient.

Discussion

During the course of our day-to-day work we are inclined, on the one hand, to regard psychotic contents in phenomenologic terminology while on the other hand, we try understanding meanings and contents in dynamic planes. However, during our routine day's work less importance was placed on the random sentences or phrases uttered by the psychotic patients. Of course, one cannot ignore the familiar approach found in analytic literature (Bion and Lacan) where special emphasis is placed on the language itself.

While taking into consideration that psychotic adolescents bring early conflicts to the surface, and that the psychotic contents are the revival of early memories and experiences, we carried out another meticulous examination of the developmental history and found in all of the cases, to our surprise, an authentic anamnesistic basis for the random sentences spoken while in a state of psychosis.

This kind of listening produced *a new and different form of attention* which we chose to call *"core attention"*, whose uniqueness is in the significance attached to the random sentences frequently repeated by the patient during the psychotic process. In other words, we responded to the "cry" of the patient who "chose" repeating a certain sentence representing (to him) an experience of universal intensity.

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