

Experiences from Psychotherapeutical Treatment of Prematurely Born Children

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Abstract

The author points out that immaturity of a newborn child has a psychological aspect, to, beyond the well defined physiological data. By treating children, who had been early or post-term deliveries, who were born by emergency Caesarian section or who had been adopted in a very early age, she found an accumulation of similar disorder, often classified as “Minimal Brain Disfunction Syndrom”. It seems that the unborn child is not yet ready to start its life outside of mother’s womb and to trust in the continuity of going-on-being. By their dreams, phantasies, spontaneous drawings and games, these children express their need for corrective experiences which may compensate the lack of safety they had suffered from at the beginning of their life.

Besides the neurosis theory of Freud and the classical analytic setting of treatment we have gained new insights since Kohut and Kernber, whose theories had a great influence on our knowledge and our way of acting as therapists. They are called “psychology and pathology of the self”. Self-disorder has its origin in the pre-oedipal stage of development. From observation of children we have a lot of material to prove this hypothesis (Spitz, Mahler and Bowlby). The formation of a stable ego-structure is the result of a developmental process that begins at birth. The outcome of this process depends on several factors. The most important are:

1. The material basis of the bio-physiological state of the child’s body and its functions, and possible congenital or perinatally acquired defects.
2. The psychological basis of a positive maternal attitude concerning the existence of the child, without which the child becomes stunted from emotional starvation.

3. Environmental conditions which grant existencial security, free development of personality, stimulation of mental abilities. Prophylaxis of disorders by enlightenment and compensation by therapy may be helpful, the same as adoption in a very early age. From my experiences with adoptees I know, however, that adoption in the first days of life does not offer better chances for a satisfying development, even though the three conditions for unhindered ego-development do exist.

Basic experience of security by good enough mothering (Winnicott) shall guard the inherited potential of the infant's self, which is still undifferentiated and unseparated. Winnicott contrasts "the ego-strength of the baby who gets ego-support from the mother's actual adaptive behaviour, or love, with the ego-weakness of the baby for whom environmental provision is defective at this very early stage". By primitive identification and fusion of positive figures representing aspects of the self and the object, the good object should be established solidly, so that it can spend comfort and support in situations of loss and danger. Based on the confidence gained in this way the child can leave the symbiotic unit with the mother and face the world curiously. Thus it experiences borders between its self and the objects and enjoys the ability of acting. Then the separation from the mother is not connected with danger of loss and destruction. Awareness of being separated then does not cause fear of loss of the self. Kohut thinks that the anxiety of the early disturbed persons is always fear of disintegration and fragmentation. This fear is being defended by installation of a false self, that makes use of the defence mechanisms of projective identification and splitting.

The subject of our interest today is the premature child and the special problems of its development. I shall try to point out that immaturity can be a physiological one – as far as pregnancy, birthweight and organic functions are concerned – but as well may exist in a psychological sense, after a full-term birth. It means that the unborn child is not ready to start its life outside of mother's womb, to give up its sheltered inside being and to trust in the continuity of going-on-being.

Today we know that individual psychosomatic life initiates long before birth. A state of "ME", experienced by the fetus as corporal indwelling, constitutes the possibility of "NOT ME", of repudiation and persecution. Not by thinking, but by the infant's experience of the mother in her personal actuality, the fetus knows whether he or she is welcome or not. Patterns of intrauterine impressions are stored in the undifferentiated self, which determine to a certain degree later forms of behaviour, of reactions and needs.

In my psychotherapeutical experience I found an accumulation of similar disorders with children, most of them boys, aged 7 to 9 years, which indicate an early failure of mother-child-relations, of self-estimation and of ego-structure. The following deviations of normal behavior are frequently observed and often classified as "Minimal Brain Dysfunction Syndrom":

- A lack of empathy, consideration and adaptation at the same time connected with an attitude of high expectations;

- a refusal to approach and a lack of friends;
- aggressive reaction to physical approach and to slightest unexpected touch;
- suffering from fears of separation and multiple anxieties;
- false estimation of real dangers, so that children endanger themselves and others by audacious actions;
- a lack of motoric coordination and control;
- a very poor tolerance to frustration and fluctuating attentiveness which result in their disturbing the lessons at school, so that these children are pushed into the scapegoat position.
- In spite of normal or even high intelligence they are underachievers, because they cannot make an effort for something they are not interested in.

Psychiatric diagnosis is often: “Hyperkinetic syndrom with disorder of social behaviour” (ICD 314) or “Emotional disorder with anxieties and difficulties in human relations” (ICD 313).

When treating these children, countertransference of the therapist is an important diagnostical instrument for the perception of the infants impulses and desires. The interactions between child and therapist often seem to be unrelated. Idealization and depreciation of the therapist can alternate.

Unsatiated hunger for satisfaction of needs and inadequate separation are acted out in one moment, denied in the other. These phenomena, which may be understood as fluctuating states of ego, can evoke feelings of helplessness or even fear from chaos in the therapist, just as longing for therapeutic omnipotence. One can compare the situation of the therapist with that of Ariadne, who stands waiting at the entrance of the Labyrinth, keeping the end of the yarn in her hands, while Theseus ventures on the difficult task of fighting the Minotauros.

The scenarios which the children arrange without the therapist’s preconception or instruction and the material spontaneously produced, may be compared with the flow of free associations in psychoanalysis. We neither know the time nor the means the patient may choose to encounter his traumatic events in early life. In the special case of adoptees, circumstances of beginning are not even known consciously. Fortunately, the infant patients don’t only show us their deep narcissistic wounds and scars that strokes and struggle have left behind in their souls, but also give us useful hints and allusions to their hidden sources of power, to the secret treasures, weapons and magic powers, which can support the healing process.

In the treatment of premature children, of adoptees and also of post-term deliveries, caverns and tunnels were a factor of great importance. I did not use them for diagnosis, as Terence Dowling does with his “tunnel game” described in no. 3 of the Journal. They simply occurred and served the temporary regression, strengthening the self for rebirth.

The cases of Oliver and Philipp, early born children, 8 years old at the beginning of therapy.

Oliver was born spontaneously in the 28th week of pregnancy, he weighed 1.500 g and was kept in the incubator for 2 months. *Oliver’s* mother was very

unhappy when she was sure to be pregnant at the end of the 3rd month. She did not tell her husband until the 5th month because he did not want children at all and at that time had given up his job and tried several uncertain transactions to make money. They had to move twice and the mother felt like a refugee during the time of pregnancy. When the baby came home, he cried day and night, the mother was unable to calm him. Only while driving in the car he seemed to be content.

In one of the first hours of treatment, Oliver built a hill with a cavern and a tunnel out of clay, later another one of papier maché, to complete the landscape of his toy train. His next "symbolic uterus" was a baking oven which really worked quite well. One day he brought a big carton and wanted to build an ark. It was fitted out with pillows and a store room to keep himself and the teddy bears comfortable on his long cruise across the ocean. I had to move him through the rooms while he pretended to sleep. After some hours he cut a small window into the wall, later on he opened the roof and looked out for a landing place. After 12 therapeutical sessions he had reached his shore, he decided to get out and explore the world outside.

With the symbol of the ark, Oliver found a way to compensate for sharing with his mother's anxieties during pregnancy and early childhood, when she was lacking safety and support from her husband.

Philipp was born 2 weeks before term by emergency Caesarian section with deficiency symptoms, birth weight 2200 g, after 4 unsuccessful pregnancies of his mother. Thus she felt deep anxiety and guilt that she was unable to give birth to a living and viable child. She fainted from pain during the expulsive stage of delivery and furthermore the fetus suffered from lack of oxygen due to encircling by the umbilical cord. Philipp showed his birth script several times in 9 weeks of treatment, in various symbolic representations. He built a cavern with tunnel out of armchairs and a kinked flexible tube. He armed himself with sword and battleaxe and crawled into this cavern. He invited the therapist to follow him but then he attacked him in the tunnel and drove him back. In every session he repeated this game several times, which meant his being stuck in the birth channel and his struggle to see the light of day.

After that a fierce fight with swords took place which he finished with a sense of achievement and eager to try it again in order to stand a "battle of death and life". These are his own words. He fortified the cavern with lathes and ropes. By this he expressed the constriction of the encircling by the umbilical cord and the lack of oxygen. He pushed against the armchairs and crashed through the side of the cavern simulating the Caesarian section.

By the corrective experience of these games he became more self-conscious and his hatred for his mother decreased.

Christoph, an adoptee, suffering from asthma and neurodermitis, was 9 years old when he came to be treated. He was born illegitimately by a 17-year-old mother 2 weeks after term. He had scars resulting from stab wounds at the right knee, which appeared to derive from an attempted abortion. The mother refused to

see her baby and left the hospital the next day. The adoptive parents, who had already adopted a girl 2 years ago, were called by the midwife and were asked for a fast decision because the boy needed intensive care – he cried and fidgeted and did not want to swallow, so that feeding and handling the baby was very difficult. The adoptive mother carried the baby day and night close to her skin to keep him calm. She felt exposed to a monster which was sucking her and persecuting her with hatred instead of being thankful and content.

Christoph also built the cavern with the tunnel, stuffed it with blankets and asked me to provide him with peanuts. During a couple of weeks he pretended to be a suricate, he jumped with bent knees and whimpered instead of speaking. He hid in the cavern whimpering and knocking at the walls. I had to sit outside and assure him that I could hear him and feel his movements and that I wanted to see him and to welcome him outside. After long hesitation he cautiously peeped out of the entrance and crept back into the tunnel and asked me to lift him up and to rock him. Gradually the regressive stages became shorter and the suricate transformed into an audacious climber. He wanted me to fasten to the balcony railing a thick rope with knots to sit on. While he was swinging I had to hold the rope and to assure him again and again, that I would never drop him. This way he established in himself the confidence in a holding mother whom he had not been able to find, neither in his biological nor in his adoptive mother.

Johannes was a 9 years old adoptee, whose mother, a student, had searched for good adoptive parents before she gave birth to her child – after long labour – by vacuum extraction. She had nursed her baby for 6 weeks and then, with tears running down her cheeks, layed it into the arms of the adoptive mother who felt like a thief.

She never was quite sure whether she would be a good enough mother and feared the day when her son would ask to see his natural mother. Thus the bonding process and the non-verbal communication was complicated by a lack of confidence.

Johannes suffered from dreams in which he was persecuted by subterraneous monsters. He was trying to escape in a boat, paddling in deep black water in a grotto. The rocky ceiling became lower, the stream smaller, he felt the suction of a cataract which was going to devour him. He tried to cry, but the water had changed into pitch and suppressed his voice.

He did not remember details of his dreams, until he told me about troubles with his mother in connection with a school excursion in which he did not want to take part, but could not tell why. We found out that they would be going to visit a stalactite grotto and that he was afraid of entering this place of his nightmares. In the remembrance of the mortal terror of his birth, Johannes started his individuation quest which in myth is described as the hero's nocturnal cruise, his fighting the mother-dragon and his rebirthing into a new stage of consciousness.

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