THE JOURNAL OF ABNORMAL PSYCHOLOGY

A MANIC-DEPRESSIVE ATTACK PRESENTING A REVERSION TO INFANTILISM*

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THE insane have often been spoken of as children. To generalize broadly, one might say that if we except simple states of emotional exaltation or depression, very many of the remaining psychoses tend to lead their victims in one of two directions: either toward the pleasure state of the child or of the superman or god.

This tendency corresponds with racial dreams. Mankind has always striven to escape from the ills of the present either by progress, actual or imagined, to greater knowledge and power (well exemplified by the philosophies of H. G. Wells, Nietzsche, Max Sterner and others) or by attempting, through discarding the complications of civilization, a return to a child-like or Edenic state. This striving is in fact an important element in Christianity,—“Except ye become as little children ye cannot enter into the kingdom of Heaven.” Our heavens are always far beyond us or far behind us.

Assuming, then, the presence of this ‘flight from reality,’ which we know to be such a prominent feature (one might say an essential feature) in many psychoses and psychoneuroses, it is obvious that it may be a forward striving or a backward or a mixture of the two. If forward, the delusional formations tend to take on a grandiose character.

Last year I reported a case in the Psychoanalytic Review (“A Manic-depressive Episode Presenting a Frank Wish-Realization Construction,” The Psychoanalytic Review, April 1915, Vol. II, No. 2) of an unmarried woman, aged fifty-five, who, after the death of her mother with

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whom she lived alone for many years, manufactured from the nucleus of an old and forgotten love-fancy a complete and clearly defined wish-realization fantasy consisting of marriage, high position, wealth, children and the return to life of her dead parents. She is now somewhat deteriorated, but still lives in the comparative happiness of her delusional formations, since in her case there was no bridge over which she could return to reality.

In this connection, I wish to refer to a recent contribution of value by Bertschinger (Bertschinger, H.: *The Processes of Recovery in Schizophrenics*, *The Psychoanalytic Review*, April, 1916, Vol. III, No. 2) who has well shown that a comparative recovery in certain psychoses is possible if there exists between the point to which the psychosis may eventually evolve and real life some appropriate connecting link. (We all know that in the treatment of the psychoneuroses it is this connecting link or pathway for the sublimation that is frequently so difficult to discover or supply.) Bertschinger speaks of this type of recovery as recovery through evasion of the complex. I do not care for the word "evasion" in this connection, as the process seems to be more a living through and having done with the complex; as he himself says: "It is common in all these cases that a wish-fulfilling or delusional system comes to a certain conclusion. Here the way is opened for recovery." I shall have occasion to refer to this later in connection with the case to be here reported.

Should the "flight from reality" be backward, an opposite type of symptom-complex is the result, and may be manifested as a psychoneurosis or psychosis. Some years ago I had the good fortune to study a case of hysteria in a girl of thirteen years who, following a series of severe psychic shocks, developed a number of trance and delirious states and some clear-cut but highly complicated amnesias. This case presented so many baffling and unsolved problems (as, for instance, in certain intervals a complete amnesia for every alternate letter of the alphabet) that it was never reported. Certain manifestations, however, may have some bearing. After a brief trance-like interval she would often for a few hours at a time lose the last six years of her life,

and revert from thirteen years of age to exactly seven again. In this state she had no memory for anything following her eighth year. Her handwriting and spelling changed, and in dictation she failed to spell words that she had learned since her eighth year; and over the letters she placed the correct diacritical marks as was her habit when learning to write and spell at that age. On other occasions she would revert to what was apparently an infantile state. She forgot the use of her knife and fork, and she crowded food and other objects into her mouth with her fingers. She grasped for small bright objects and conveyed them to her mouth. She refused to speak, and had a babylike stare. At other times she would revert to other ages, but I have mentioned the most striking manifestations of this tendency.

Ernest Jones has mentioned this tendency toward a reversion to earlier life periods, and quotes Pitris, who gave it the term *ecmnesia*. Jones describes an interesting case of childish behavior in a grown boy, wherein the essential element seemed to be an unconscious determination to return to an infantile state in order to regain the tender solicitude and intimate contact and care of the mother. Jones, I believe, considers the possibility of this motive lying back of much of the foolish and childish behavior in hysteria. (Ernest Jones: *Simulated Foolishness in Hysteria*, American Journal of Insanity Vol. LXVII. No. 2. October, 1910.) However, it is obvious that other motives may be present. The infantile state, as is well known, holds certain more essential possibilities of pleasure gain denied to adults. Again, the flight into infantilism, like the flight into the psychosis, carries with it the fundamental advantage of freedom from responsibility for one's behavior.

The case I desire to report, that of Mrs. A. aged 30, was remarkable in three ways: the storminess of the attack, the apparent completeness of the recovery, and the clearness of the life recapitulation. My facilities for observation were good, since I have known the patient since the age of four, and until her marriage we were much in each other's company. Before marriage she was exceedingly active in sports and social life. She was slightly erratic, and her accounts of an occurrence usually erred on the side of being too highly

colored with imaginative detail. She was well-liked by every one and never lacked friends and admirers. She was quite the opposite of what we understand as the shut-in type. Her heredity was good. She had no serious love affairs until she met her present husband, whom she married at twenty-two.

For a period of about one month prior to her marriage she underwent a severe depression. She wept almost constantly, longed for death to relieve her from the responsibility of marriage, and could take but little interest in the wedding preparations. Yet none of this depression was betrayed in the daily letters she wrote her fiance. She has since told me that her dominating idea was one of physical unworthiness for marriage. She insists that there was no idea of moral unworthiness. Within three days following her marriage all depression had vanished.

After her marriage she suffered many vicissitudes of removal from one city to another, ill-health, periods of financial stringency, etc. She had three children and one miscarriage. She was very passionate, and *coitus interruptus* was frequently practiced, often to her dissatisfaction. But much of the time her husband was neurasthenic and more or less impotent.

About three years ago she lapsed into a severe depression in which I was unable to see her but know it was characterized by a loss of interest in husband and children, marked psycho-motor retardation and a desire to kill herself with a revolver.

Following this depression her condition merged into a hypomania, during which she talked excessively, expressed everything in the most extravagant and effusive terms, neglected her husband and children, was always down town or paying visits or hastening from one interest to another. During this period she excited her husband's jealousy by a certain free and familiar attitude she took toward her men friends. Seeing her in this state, I recognized it as a definite exaggeration of the naturally intense and active social characteristics I knew so well before her marriage. She gradually grew more restless and discontented, and this condition was not alleviated by the removal of the family

to a plantation in the south. Very lonely here, and being ten miles from the nearest physician, she nursed her husband through a severe illness. Almost daily she took long drives into town to see her physician, both for herself and her husband.

The attack of special interest was now initiated. It began with a very vivid dream, the impressions of which seem to have lingered during the following days and merged into the earlier delusions. She dreamed that negroes had broken into the house and, in order to obtain her husband's money, tortured her by thrusting knives and the handles of hay-forks down her throat and into the vagina and rectum. During the next few days she forced her husband to search the house with a revolver again and again to make sure that there were no negroes hiding about. She developed delusions of poisoning. She thought her husband, her doctor, the plantation overseer, and negroes were trying to poison her. She smelt chloroform on her clothes, and said that the overseer had put it there in order to render her unconscious and seduce her. At the local hospital she was violent, destructive, and refused food.

She was brought to me in April of last year by her husband and family physician. Her psychosis lasted from April to September. It displayed lightning-like changes, and at times at first for an hour or two she would seem quite sane and orientated, and again disorientated and confused. Her delusions of poisoning quickly passed away, although for the first few days she would eat nothing unless it was first tasted by myself. There seemed to be at first a marked element of simulation and hysteria present. She gave me the impression that she was deliberately attempting to act crazy, being at first always worse in the presence of myself or her regular nurse.

During her more lucid moments she stated that she had long been unhappy, that she loved her husband no longer, that for years she had suffered from sexual dissatisfaction, that she really loved her family physician, Dr. B., and that a few days before the beginning of her psychosis she had been sexually intimate with the overseer of the plantation, C. W., that she regretted this very much, but that it was the

result of her loneliness, her emotional starvation, that perhaps after all it had never occurred, or that if it had she must have been unconscious or chloroformed or crazy to have done such a thing.

I was inclined to accept this confession as probably true, and thought that her psychosis might in part be the result of an attempt to cover by the assumption of irresponsibility her feeling of guilt. She went into some detail with respect to the circumstances of this affair, but continued to assert that she was not clearly conscious of the actual occurrence. Discussion, however, produced no change in her psychosis, and the subject was dropped. She continued destructive, violent, negativistic in the sense of doing everything possible to spite or annoy her nurse, and at times would lie for hours with closed eyes waiting for the nurse to leave the room, when she would instantly get out of bed and accomplish some act of mischief.

After a few days she said that she was not married, that she had no children, that she was going to marry Dr. B. who was in love with her and must be sent for immediately. For several weeks she talked of nothing but Dr. B. Gradually she dropped this topic, and in doing so her talk became more profane, vulgar, and obscene. She now began to make violent homosexual advances toward her nurse. Later she began to masturbate. Her eroto-mania was the most violent I have ever seen, producing at times severe swelling and laceration of the vulva. Narcissistic symptoms were prominent in that she would seize every opportunity of posing before the glass, disrobed if possible.

During these manifestations I recognized a gradual recapitulation of life-time experiences. First she went through, or re-acted, many incidents of her married life. She imitated revivalist preachers she had heard and sung religious songs, then on two or three occasions she had a morning nausea, declared that she was pregnant and went through with the greatest dramatic skill and realistic detail the birth of her children. Finally she took up her girl-hood memories. She repeated the slang and catch-words of that day, sang the now forgotten popular songs, and talked much of old friends—in brief she became again in many respects

the young girl I had known before her marriage. Later she reached the period of nursery songs and rhymes, and the childish naughtiness in which she had all along indulged became more marked.

Now more striking infantile characteristics were revealed. She talked very little, and then in a babyish fashion. She asked naïve and child-like questions. She drooled at the mouth constantly, and would rub the saliva over her face. She displayed an incessant curiosity about everything in her environment, handling it awkwardly and attempting to place it in her mouth. She was constantly tearing things apart or taking them to pieces 'to see the insides.' She forgot the use of knife and fork, eating with her fingers and spilling her food. She seemed partially to have forgotten how to walk, falling and bumping against furniture or crawling on her hands and knees. She would sit on the floor and amuse herself for considerable periods of time by tearing books and magazines to pieces. Finally she began to soil the bed, and insert the fingers into the rectum and at every opportunity smear the walls and bed with faeces. She would hold the stool when placed on the closet, but immediately afterwards soil the bed. As she began to recover, these habits were replaced by a mania for taking enemmas. The drooling habit also was replaced by a constant child-like spitting. We are all familiar with the interest little children often take in spitting as soon as they learn the trick, and how natural it seems to be for them to use it as a means of defense.

Gradually she seemed to grow up. She no longer denied her marriage, but expressed no interest in husband and children. She seemed rather distraite, indifferent and dazed. After a time she expressed a desire to go to her sister's home. She was then allowed to go to live with her father and sister, just as she had before her marriage. Continued separation from her husband was advised. She now asked for her children, and they were brought to her. She began to correspond with her husband, and after her recovery seemed to be complete they began living together.

I did not see her for some months, and then was surprised at the completeness of her recovery. The anamnesis

following recovery may be briefly stated. Her memory for much of the period of her psychosis was lost, particularly for the unpleasant features. For instance, she had no recollection of ever having masturbated at all, either during her psychosis or at any time in her life. She denied having lost any of her love for her husband, but admitted that for some time prior to her psychosis she had been restless and discontented. She was not conscious that her manner toward men during the preliminary hypomania was of a doubtful nature. She denied any erotic interest in her physician but thought that there had been indications that he was interested in her. Because of the loneliness of her situation, the fear that every Southern white woman has of the negro, had been somewhat accentuated, and during the few days prior to the onset of her psychosis one or two incidents, perhaps partly imaginary, possibly with some real foundation, had further aroused this fear. With respect to her confession of intimacy with the plantation overseer, which at first misled me into crediting it with a possible etiologic relationship, her total denial of any such incident was convincing. But she did have the idea for some time that he was in love with her and contemplated her seduction. Notwithstanding this belief, she spent so much time in his company that she thought her husband's jealousy was aroused. An interesting detail was the intense hatred of her nurse expressed after her recovery. She accused her of many acts of impatience and abuse. During her psychosis, although she had many opportunities, she expressed no such complaints. Although it may be supposed that her nurse at times lost patience with her (and the patient remembered nothing of the great provocation she herself had frequently given) yet it was evident that her hatred was clearly exaggerated and abnormal.

COMMENT.

The possible verification, by direct observation of a regressive psychosis, of Freud's theory of the sexual development of the child is interesting.

The mechanism capable of accounting for the patient's

abnormal hatred of her nurse following recovery should be clear.

During her whole psychosis she frequently expressed the belief that she was hypnotized. This was probably an attempt to rationalize what was to her her strange behavior.

It will be noted that Bertschinger's thesis to the effect that recovery may be made possible or facilitated if there exists a suitable social structure between the point to which a psychosis may evolve and real life was ideally realized in the present case.

Notwithstanding her lack of insight, I believe, after reviewing my memories of her whole life, that after her recovery she was more nearly a mentally normal person than she had ever been before. Could this be accounted for by the fact that her psychosis gave her the opportunity for a free catharsis and expression in acts or words of practically a life-time of unconscious or repressed wishes and impulses?

The question of the possibility of recurrence in such a case, and whether a psychoanalysis, made with a view of preventing such a recurrence, would offer too many risks of further upset to be justifiable, is of interest.