

A Glimpse Into the World of an Extremely Low-Birth-Weight, Prematurely Born Infant: Case Study of a 10 Year-Old Boy

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Premature babies are not equipped to live in the external environment and may display evidence of poor capacity to experience a state of being which an ordinary baby experiences both before and after birth. The extremely low birth weight, prolonged stay in the incubator, medical complications, difficulties in the early infant-mother interrelationship, and some time in which there is a real threat to life, could disrupt the sense of 'continuity of being', and have an affect on long-term functioning. In addition, pre-term babies are limited in their ability to engage in active communication and to interact with the environment; their signals are less clear and their ability to self-regulate stimuli is low.

Research into the effects of premature birth on functioning is developing slowly, and there is no general agreement as yet among researchers about the long-term impact of premature birth and the treatment interventions for this vulnerable population. The case of a 10 year-old boy provides a particularly good opportunity to obtain a 'glimpse' into the world of a prematurely born infant with extremely low birth weight. This boy was born in the 26th week of pregnancy, weighted 600 grams, and spent several months in a neonatal intensive care unit. He suffered from severe medical complications and his life was at risk.

After birth the mother was very sick and took her a long time to recover. Because of her poor health and the possibility that the infant might not remain alive, the mother was afraid of becoming attached to the child and avoided visiting him. The mother was unable to convey 'primary maternal preoccupation' towards the infant, which implies adapting delicately and sensitively to the infant's needs from the very beginning. As Winnicott says: "A sufficiency of going on being is only possible at the beginning if the mother is in the state primary maternal preoccupation which starts near the end of her pregnancy and over a period of few weeks following the babies birth" (1975, pp. 300–305). Traumatic experiences in early

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infancy could lead to breaking the line of ‘continuity of going on being’, and these infants also carry the memory of traumatic traces of the birth experience.

After three months, when the infant got stronger and was declared out of danger the mother started to visit him and said that she felt like a recipient of a ‘gift’. When the parents brought him home his brother and sister rejected him and reacts with anger, protest and antagonism because they believed that that the baby would not survive. The boy was referred for treatment because of adjustment difficulties in many areas. In the first 20 months of a long treatment he preferred to spend the time drawing in a special and original manner. He established a procedure of drawing on a number of pages and joining them together, a process he kept repeating. This activity was accompanied by strange sounds such as: boom, trach, path, dug, bug, followed by various body movements. The figures were drawn schematically with a few simple thin lines. The adult figures were drawn with gigantic faces and big open mouths. The boy called his drawing sequences ‘movies’.

According to Winnicott (1971) the therapist’s best treatment strategy should be that of a spectator and a listener, while at the same time being protective and supportive: “To be there but not disturb, not to interrupt and not to retreat, – then experiences can evolve”. I adjusted myself to the boy’s needs, I was a spectator and acted protectively, provided a ‘holding’ and ‘facilitating environment’ (Winnicott 1965) without demanding anything, and did not look for immediate explanations of what was happening in the sessions. My presence gave the child an opportunity to express experiences from his past that had apparently left their mark on him, and which made it difficult for him to adjust to the environment. The therapy gave the child a chance to express his creativity and enabled him to establish a new sense of self. The ‘movies’ were divided into three parts:

Part one contains three movies each consisting of a series of repetitions of the subject he is occupied with.

The first is called *No Name*. In this movie the drawings were made very quickly and were accompanied by explosions – like sounds: “ha, boom, puk, bzz”. The child’s performance showed chaos, disorder, struggles, and much excitement. He repeated this procedure many times.

The second movie is called *Barak the Nervous* (Barak in Hebrew means ‘lightning’). This presentation was more organized than the first. Little Barak wants to fight the Big Man. He was filled with air and turned into a Big Man who could fight back. Then suddenly, like a deflated balloon, ‘Barak’ shrank back to be small. The Big Man smashed him against the wall, but little Barak woke up and the entire situation repeated itself over and over.

The third movie is called *The End*. It is the longest of the three, and has many versions. The movie includes three characters: Mickey the Kid, the Angel of Death with a pitchfork, and the Angel of God with wings. The main theme was: The Angel of Death shoots Mickey, Mickey goes down to the grave and pleads with the Angel of God for wings with which he flies up. This pattern repeats itself over and over in different variations. One of the variations: The Angel of Death shoots . . . Mickey screams and dies . . . He goes down to hell with the pitchfork embedded in him . . . Mickey feels hot and drowning . . . He pleads to the Angel of God who promises him wings . . . Mickey receives wings and escapes the inferno . . .

Suddenly a long hand grabs him and pulls him down again . . . Daga daga Mickey is dead . . . Now he is in the grave . . . God! Shouts Mickey . . . You will receive wings . . . Now Mickey has wings and flies . . . Bye . . . Mickey is tired and falls asleep . . . Then he takes a plane and lands near his home . . . The End.

Part two. In this part the child expresses his daily difficulties (such as going to school), as well as characterized personal traits such as “the one who knows everything”, “the most stupid boy in the world”, and so on.

Part three. In the last part the boy summarized the experiences he had undergone. He started with “The history of Super-Mickey”, and ended with a movie named “Me”, in which he draws himself in a familiar environment.

When the drawing ‘movies’ come to its end the boy began two years of play therapy and psychotherapeutic treatment.

Discussion

The content of the series of movies presented above seems to show that the boy was reliving his traumatic birth experiences. The 10 year-old boy had constructed a kind of voyage, which began with a series of movies called “No Name” and ended with the series called “Me”.

The first movie the boy drew was characterized by chaos and fragmentation accompanied by body movements and high level of excitement. In his book “Playing and Reality” Winnicott writes: “The sense of self comes on the basis of an unintegrated state which however, by definition, is not observed and remembered by the individual, and which is lost unless observed and mirrored back by someone who is trusted and who justifies the trust and meets the dependence” (1971, pp. 71). The boy, who was born prematurely with an extremely low birth weight and whose life was at risk, spent the first part of his treatment repeatedly recreating his very early nonverbal chaotic experiences. The ability to accept him without any demands and to adapt to his needs gave him the opportunity he needed to start his treatment at the phase of the primary unintegration state. In his book, *The Interpersonal World of the Infant* (1985), Daniel Stern says: “Experiences simply continue underground, nonverbalized, to lead an unnamed but nonetheless very real existence”. He adds: “The sense of self which actively forms during the first two months remains active for the rest of life” (pp. 37–68). Possibly the boy called his first movie “No Name” because it expressed traumatic experiences that had left their mark from the nonverbalized early period and had remained unnamed but very active and real. Another possible explanation of the “No Name” phase is the fact that the boy had not been given a name for several months, as his chances of survival were slim and his family didn’t expect him to remain alive.

The second and third series express the struggle with the danger of staying alive and the wish to do so. This struggle is converted into strength and a feeling that it is possible over come the danger.

In the third movie – “The End” the boy was preoccupied with the danger he experienced at the beginning of his life and the struggle between life and death. The use of the words: “I die”, “going down into the grave”, “drawn”, and the “struggle to escape the inferno”, indicate his fear of death and the fight for sur-

vival, issues he had dealt with even before forming a relationship with a loved figure - his mother. According to Winnicott interruption in the 'going on being' of the infant produce threat and anxiety of annihilation, including death. In addition to the real danger to life at the beginning the boy had to counteract the mother's and the rest of the family's conception that he would not remain alive.

In his paper 'Birth Memories, Birth Trauma and Anxiety' Winnicott wrote that Freud believed in the significance of birth and the history of every individual in determining the pattern anxiety would take throughout his life. Winnicott himself, in common with other analysts, agrees that "the personal birth experience is significant, and is held as memory material" (1958, pp. 177).

After examining the content of the drawings of that 'movies', I allowed myself to believe that the boy had reconstructed the memory material that had persisted from his traumatic birth and which was relived in the correct order in therapy. The last series was named "Me". The process, which the boy went through during the period of drawing the "movies", enabled him to discover his 'self', and to feel his existence and reality. As Winnicott says: "The searching can come only from desultory formless functioning, or perhaps from rudimentary playing, as if in neutral zone. It is only here, in this unintegrated state of the personality that which we describe as creative can appear . . . but only if reflected back, become part of the organized individual personality . . . this in summation makes the individual to be, to be found; . . . and enables himself or herself to postulate the existence of the self" (1971, pp. 75).

At the end of the procedure that the boy had constructed, he was able to feel real and that he had established his being as a feature of his personality.

An additional aspect of the 'movies' drawing technique (in which the boy broke down every draw into its very little elements) is high lightened by applying motives similar to those expressed in Ingmar Bergman's autobiographic book 'Laterna Magica' (1991): "A movie is a dream . . . the talking silent shadows address directly the most secret rooms . . . when I inspect the movie frame by frame I feel the hidden enchantment feeling of my childhood . . . I notice the subtle and almost unrecognizable changes". Bergman's words imply that in order to reconstruct early experiences, one must first decompose it into the smallest elements possible, and this is indeed what the boy did. It seems that the boy wanted to replicate how vulnerable and unprotected he had been then facing and exposure to overwhelming stimulation that flooded him, and how unable he was to defend himself against these stimuli.

This topic calls for further research, in order to gain a deeper understanding and insight into the unique needs of each premature baby trying to adjust to the stimulation he faces.

This case emphasizes the extent to which premature birth, severe medical complications, a long period of staying in the incubator and the mother's emotional and physical state, are all sources of developmental risks with potential long-term implications.

The above case could contribute to the comprehension of these questions: Do memory traces from prenatal, perinatal and postnatal persist? Are we capable of believing that there is a direct linear relationship between experiences in early

infancy and the material the patient brings to treatment? Can experiences in early infancy be reconstructed in psychotherapy?

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