

## CHAPTER 4

# *The Psychosomatic Couple: Mother and Child*

### ONE LIFE FOR TWO?

**T**HIS CHAPTER ATTEMPTS no more than a thumbnail sketch of a certain kind of mother-child relationship that appears intimately connected with serious somatization. My encounter with the two patients of whom I write occurred within a relatively short space of time. Each suffered from the same serious illness and in both cases its outbreak or exacerbation appeared to be closely linked to the relationship each woman maintained to her only child. It will be seen that the vignettes display the same initial unwillingness, on the part of these distressed mothers, to consider that this illness may have a psychological dimension. The interviews also reveal the difficulty—and perhaps the inadvisability—of engaging such patients in psychotherapy. The two encounters made a lasting impression on me and aroused in my mind a number of tentative hypotheses, which had to await further clinical experience for some degree of confirmation.

Mrs. A came to see me at the insistence of a specialist in gastroenterology. Her doctor, whom I did not know, had read some of my published work dealing with psychosomatic phenomena in a psychoanalytic situation. His referral letter stated that Mrs. A had in the last three years suffered two severe attacks of ulcerative colitis, the second necessitating surgical intervention. A slim, elegantly dressed woman, Mrs. A sat with legs crossed, looking very composed. Our conversation went something like this:

MRS. A My doctor said I must come to see you since you're a psychoanalyst.

JM Would you have come to see a psychoanalyst otherwise?

MRS. A Well . . . no! I'm saner than most people I know. But my doctor says ulcerative colitis is psychological.

JM What do you think? Does it seem to you that you have many psychological problems?

MRS. A Well, I have great faith in my surgeon. And as he pointed out, the second attack nearly cost me my life. Yet I can't see what my problems really are.

Having drawn a blank with my initial gambit, I invited her to talk about the attacks and the conditions under which they had occurred.

MRS. A The first was three years ago. I was terribly overworked getting my new business going, never a moment to myself. But I love my work. It isn't a source of problems for me.

(Silence.)

JM Were there any important events other than your new business?

MRS. A Well . . . er . . . it was just after my daughter left home to continue her studies in Paris.

JM How did you feel about her leaving home?

(Silence.)

MRS. A Oh, she was so keen to get her post-doctoral training. (long pause) My daughter is the center of my life. Until she left home she was my life.

JM You must have felt bad about her leaving?

MRS. A Oh no! I would never have stopped her.

Sensing Mrs. A's resistance to going further into this question through her slight misrepresentation of my query (for she replied as though I had asked, "Didn't you want to stop her?"), I attempted to create an encouraging space in which she might feel safe to explore her feelings about losing "the center of her life"—perhaps a feeling that life itself were being drained away from her.

JM It's understandable that you wanted your daughter to continue with her studies, but still you may have felt rather sad after she had gone?

MRS. A It's normal for children to pursue their studies.

Not wishing to be intrusive into what could well have been inexpressible pain, I then suggested that Mrs. A tell me about the second attack of ulcerative colitis, in which she had "almost lost her life." ("Had her daughter become even more lost to her?" was my unspoken question.)

MRS. A The second attack? Let's see . . . oh yes! The business was growing fast, getting more and more complicated and I felt I needed help. I just can't manage alone.

JM Did anything else of importance occur around this time?

MRS. A Let's see . . . yes, it was just after my daughter got married.

JM How did you feel about that?

MRS. A I was very pleased, naturally. After all children do grow up and get married. She'd only known him a few weeks when they got married, but it seems she'd met the right man.

JM You like her husband?

MRS. A Oh, I hardly know him. He's a Yugoslav. They live in Belgrade. I never get to see her anymore.

I thought to myself that Mrs. A's daughter had put considerable distance between her mother and herself and wondered whether her mother's unconscious demands upon her to be her "life" had

proved difficult to bear. I limited myself to remarking that her daughter was nevertheless a very important person in her life. She proclaimed this to be normal since mothers are always attached to their children, but followed this up with the remark that she had stayed 25 years in an unhappy marriage solely for her daughter's sake. She had never been truly in love with her husband, but her parents were in favor of the marriage; although he was a hard worker, her husband earned less than she did, was a hearty drinker, and had always been more interested in his male friends than his family.

Mrs. A had no difficulty describing the irritating aspects of her marital relations. In contrast, she seemed quite unable to elaborate upon her emotions regarding her relationship to her daughter, her daughter's decision to study in Paris, or her sudden marriage two years later. She eliminated any reference to personal feelings in the face of these two successive departures, each of which had been followed by an outbreak of ulcerative colitis. It seemed she made no connection between her illness and her separation from her daughter and referred, in this context, only to her all-consuming business affairs. The implication appeared to be that she had no time to worry about anything else, as though she left no space for feelings of sadness or anger over the loss of this daughter for whom, nevertheless, she felt she had sacrificed 25 years of her life as a woman.

I told her what, in fact, she had already told me—that although she filled her days with hard work, her daughter's marriage and emigration to a far-off country had resulted in the loss of someone very dear to her, particularly since she felt deprived of a loving relationship with her husband. I added that this could be an emotionally painful situation. She gazed at me as though trying to seize the meaning of what I was telling her, and then added, as though it were a shameful admission, that she "had a need to feel loved and wanted."

A long silence followed.

MRS. A May I discuss a very important *personal* question with you?

JM By all means.

MRS. A Well, I needed help with my business. I opened two other branches and this man applied to be my assistant—he's very young but so keen and intelligent. I'm thinking of taking him into partnership.

With considerable difficulty she then told me that he had fallen deeply in love with her, and she with him. For the first time in her life she was engaged in a passionate relationship with a man. She felt tempted to leave her husband, with whom she had known only unhappiness, and live with her young lover. Was it bad of her to have such thoughts? I told her this was not for me to decide and asked her why she felt she needed someone else's confirmation.

MRS. A I would like to leave, and my husband wouldn't even care. But such a decision is out of the question. I can't leave.

JM Can you tell me more about that?

MRS. A I'm so afraid of what my daughter would think!

JM What does this decision have to do with your daughter?

MRS. A Daughters never want their mothers to get divorced. Do they?

JM Perhaps the question is not there. Your daughter is a grown woman. Do you feel that decisions about your personal life should remain in your daughter's hands?

MRS. A Well . . . yes . . . I've never thought of it that way. How would most mothers feel?

JM Perhaps we have to make a distinction between yourself as a mother and yourself as a woman?

MRS. A (note of astonishment in tone of voice) Oh! I see what you mean. It doesn't really have anything to do with my daughter, does it?

(Silence.)

MRS. A There's just one other thing . . . I feel now that it's a stupid thought but I have to tell you. My doctor did say that ulcerative colitis was psychosomatic. I was afraid that my relationship with this man might cause me to have another attack.

JM As though it were a punishment?

MRS. A Exactly! As a matter of fact, I think that was the main reason I came to see you. But I'm beginning to see things differently. I believed I was being disloyal to my daughter, taking something away from her.

JM As though you could not love this man and also still love your daughter?

MRS. A Yes. I suppose that's an utterly ridiculous idea.

JM Ideas that we feel strongly about are never "utterly ridiculous." Even if they are erroneous they have some meaning.

Now that she had been able to put into words her fantasy that ulcerative colitis was a form of punishment for sexual wishes I was able to show her that she believed somewhere inside herself that she had no right to pleasure in a love relationship. She agreed and then said that this new relationship was one of the greatest discoveries of her life. She had never understood during her childhood and adolescence that this was something to look forward to; she had thought that if love and sexual pleasure existed, they were not for her.

Mrs. A was then able to tell me something about her close tie with her *own* mother. She painted a highly idealized portrait in which details pointing to extremely negative feelings seemed totally split off from her consciousness. It became clear to me that she had invested her daughter with many of her mother's characteristics, as well as assigning to her a maternal role. The fact that her daughter had been conceived as soon as she left home may have served to mask what I presume to have been a profound inability to separate from her mother, perhaps even to recognize that she and her mother were not one fused person. When her mental image of the couple she formed with her daughter was suddenly severed, it seemed as though a hole had been rent in her unconscious image of herself. Unable to tolerate or even allow herself to recognize the feelings this aroused, she threw herself in desperation into increased professional activity, at the same time setting in motion the terrifying hemorrhaging that nearly took her life. But her mind knew nothing of this; only her body cried out in despair.

We discussed a little further what she had communicated regarding her relationship to her mother, as well as to her daughter as a

mother substitute, and her tendency, of which she had been unaware, to make them responsible for her adult life and well-being as though she were still a little child. She responded, "You have helped me see things clearly for the first time. I think that I can assume my own choices about my life as a woman. After all, I'm no longer a child!"

She went on to say that she was now convinced that she did not need psychotherapy. I felt she would be capable of continuing on her own to think about the *neurotic* aspects of her relationships. However, there remained the much graver anxieties that lay behind her threatening psychosomatic malady; these she unquestionably did not wish to explore further. Behind these manifestations were almost certainly many primitive anxieties linked to emotions of rage and terror of abandonment, of which she had no knowledge. In addition, these were in a sense the reasons her surgeon wished her to consult a psychoanalyst. He was not aware of her neurotic problem concerning her right to make her own decisions about her love life, which, she now admitted, was the only reason she had agreed to come and see me.

Since Mrs. A was adamant about not needing psychotherapy and was doubtful about wanting a second interview, I felt I should respect her decision. After all, perhaps she knew best. From what I had been able to observe of her ways of functioning psychically, I surmised that she had constructed deep defenses against archaic anxieties concerning fantasies of bodily and mental fragmentation as against becoming aware of other primitive emotional states. To shake these structures without her express wish could be dangerous. At the same time I feared that, if there were any rift between herself and her lover, this might unconsciously arouse the primitive anxieties originally attached to separation from her mother, similar to the way in which they had undoubtedly been reactivated toward her daughter.

I told her simply to remember that important relationships probably stirred up much greater and more violent feelings than she was aware of, and suggested that, in the event of any tension or difficulties arising between herself and her man friend, she should

try to think about what she was feeling and not simply plunge into endless activity as a way of dealing with mental pain. She must not let her body "do all the feeling and thinking." She replied, "If that should happen, and after all couples do break up, I shall get in touch with you." A year later she wrote to tell me that she was in excellent health and that her personal and professional affairs were progressing satisfactorily.

For some 20 years Mrs. A had managed to remain totally unaware of the intense demand she made upon her daughter to complete her own sense of self and to make her feel that her life was worth living. She was equally unaware of her rage and despair when her grown daughter, in pursuit of her adult life—studies and marriage—left her mother to her own unhappy marriage. We might say that Mrs. A had created a "psychosomatic" mourning process for her immense loss. Mentally bleeding, she had nevertheless found another who was perhaps capable of healing the wound, but she had to come close to death before this solution could be found. The fact that she had been able to discover her "need to be loved" and also to question her apparently ungratifying marriage was an encouraging indication of her being in touch with her psychic reality. But she had little curiosity about her inner self, no doubt because of her resistance to what she suspected might be uncovered.

Let us now listen to the account of another "psychosomatic couple," which may convey further aspects of mother-child dependencies in relationship to psychosomatic phenomena. The profound influence that the fantasy of fusional identity may wield over both partners is also tragically displayed here.

On the advice of a colleague of mine, Mrs. B had phoned to say she needed urgently to talk to someone about her son. She insisted that the problem was so complicated she could tell me nothing more by telephone.

MRS. B I've worried about Bobby all my life. He was very intelligent but always so nervous. I couldn't let him go to holiday

camps like the other children. Now, of course, he just does whatever he wants.

To my surprise I learn that Bobby is 28 years old! When Mrs. B left the United States because her husband's work brought him to Paris, Bobby was already 10. He never felt happy in France and constantly talked of returning to the States when he was older.

MRS. B I worked with him all the time on his school work and "we" got really good results. But he always slept badly and was reluctant to spend time with other children. He was very overweight. They called him "Fatty."

When I asked Mrs. B why she—not Bobby—had come to see me, she began, spontaneously, to tell me something about herself.

MRS. B I'm not in good health and I have to be careful. I've suffered most of my life from chronic ulcerative colitis. Worry makes it worse. It comes and goes, but usually I can get it under control with medication. When Bobby was 21 he was appointed to a very promising job in the States. Shortly after he left I had the most severe outbreak of ulcerative colitis that I've ever known. The doctors thought I was going to die and got in touch with my son. He returned instantly of course, and miraculously the hemorrhaging stopped two days later! He never went back.

Mrs. B then told me the reason for her present visit. She had recently discovered through a friend that her son was taking heroin. His work in an artistic field "allowed him too much liberty" in his mother's eyes. He would become angry when she attempted to find out how he was doing and had recently flown into "an unaccountable rage" because she had asked the young woman with whom he lived for news of him. She added, as though it were one more symptom, that this couple had a year-old son. When I told Mrs. B that there was little to be done if her son, who was no longer a child, saw no reason to consult anyone, she looked ex-

tremely upset. This led me to ask if she wanted to talk of her own anxiety about him and the feeling that she had no control over his actions. However, Mrs. B showed no inclination to explore this question. It seemed she had told me everything she had intended to tell me. I proposed tentatively that our relationships with our children sometimes parallel our relationships with our own parents. She then confided that her own mother, who had died shortly before she (Mrs. B) married, was a wonderful woman who found the solution to every problem. (I wondered whether she had come to see me in the hope that I would be like her mother in this respect.) I gave her the address of a treatment center and the names of several specialists in case she managed to convince her son to seek help, as well as an address where she could meet other mothers with similar problems.

My colleague later informed me that Mrs. B did not follow the indications for helping her son to get treatment or for getting help herself. Although it was evident that Mrs. B was deeply concerned about her son, this news did not surprise me. Bobby was, in a sense, her "symptom," but she was unable to see her relation to Bobby in this light or to take steps that might genuinely help Bobby towards treatment. Instead she put pressure on Bobby to come back to live with her. Two years later I learned that Bobby had committed suicide, but that Mrs. B was keeping well. Bobby's companion had turned to her for financial aid (which she was in a position to give), but she proposed that the young mother find work, and instead Mrs. B took over the total care of Bobby's son.

Although I never met Bobby and had only the briefest acquaintance with his mother, the news of his suicide left me feeling extremely sad and brought vividly to mind my difficult interview with Mrs. B. The sequence of events had the appearance of an inescapable destiny, as though, between Bobby and his mother, there could be only one life for the two of them.

Both Mrs. A and Mrs. B felt "torn" when their only child became an adult and left the family (in both cases for a far-off country). The kind of relationship that they maintained with their children was familiar to me through my work with other severely

somatizing patients. In earlier writing I had referred to this kind of relationship as that of "the chasmic mother and the cork-child" (McDougall, 1982a, Chapter 4). The case illustration used in that chapter followed the psychoanalytic adventure of the "cork-child," since it was he, not the mother, who suffered from psychosomatic impairment. In such fusional relationships it is probable that neither mother nor child has been able to take full psychic possession of the body or of the individual self and that both are potentially threatened with either psychological or psychosomatic symptoms.

Since I did not have the opportunity to meet the grown children of Mrs. A or Mrs. B, I cannot know what *their* feelings about this close mother tie may have been, nor can I determine the extent to which this tie may have led Mrs. A's daughter to take flight into marriage and to live far from her family, and may have contributed to the death of Mrs. B's son. However, in the next chapter we shall have the occasion to follow the psychoanalytic voyage of an adult patient whose mother (as seen through her daughter's eyes) displayed in many ways the same intense maternal investment that Mrs. A and Mrs. B described toward their children. It is perhaps an important factor that, in all three cases, the mother affirmed that she had never wished for more than one child, as though this child were destined to fulfill a unique function for the mother, perhaps helping to patch up severe gaps in the mother's sense of individual identity—a problem that leads us to take into consideration the interrelating factors concerning three generations.