Acute Catatonic Withdrawal in a Three-Year-Old Child

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J. is a three-year-old boy brought by his mother for evaluation of speech hesitancy, stuttering, and staring of several months duration. The child came into the treatment room with her and was left there alone with me. To my utter amazement, he presented in a state of complete catatonic mutism and withdrawal.

History of Pregnancy

From the very beginning of pregnancy, the parents quarreled constantly. With a history of several previous miscarriages, the mother was anxious and worried about the possibility of a spontaneous abortion. She had severe morning sickness which interfered with her ability to care for her two other children, aged four and six. During her first trimester, marital conflicts escalated and the mother began to withdrawal from her husband. He went into violent, unexpected rages and, on one occasion, struck her. He never apologized for his behavior, which upset her even more. She contracted severely and felt hopeless, desperate, and alone. By the time labor began, one month before term, she felt emotionally frozen and completely withdrawn from her husband.

Labor, Delivery, and Post-Partum Period

Conflict between the parents extended throughout labor and delivery which lasted three hours. Following his birth, J. cried for about 15 minutes and then nursed vigorously. The mother continued to feel anxious while nursing, primarily because of her marital difficulties. In addition to continued withdrawal for her husband, she was afraid for her physical safety because of his violent rages. She also worried about not being able to provide her children with the care and attention they required.

Early Childhood History

At six months of age, both J. and his mother contracted a severe flu-like syndrome with four to five days of pharyngitis and high fever. Because of the debilitating nature of this illness, J. was too weak to nurse and the mother was unable to produce milk for more than a week. Only after several months did mother and child fully recover. At 19 months, serious dental caries were detected in the upper incisors requiring surgery under anesthesia. The father's hostility, which gradually subsided, was always directed toward the mother, never the children. The only other significant events reported about

J.'s development were delayed speech and toilet training.

Course of Therapy

In the first session described earlier, J. was in a cataleptic stupor. There was no response to external stimuli and all efforts to establish contact were unsuccessful. I placed him on his stomach and gently massaged the muscles of the occiput which were hypertrophic, especially on the left. No response was elicited. Consistent with the cataleptic state, the rest of his musculature was hypotonic.

After the session, I observed J. with his mother, and surprisingly, there was no evidence of withdrawal. I asked if she had ever noticed this stuporous reaction in her son, and she seemed startled by my question. The only time he appeared even slightly withdrawn, she said, was when she left him once with a babysitter. She insisted this was a slight reaction and nothing like the 20 minutes of complete withdrawal I described to her.

In the second session, I learned from his mother that J. asked her to massage the back of his neck after the first session. Now, he was again completely non-responsive, blindly staring off into space. I repeated the same procedure as the week before, still with no response.

The third session was videotaped. Massaging the occiput produced crying for about 30 minutes. No attempt was made to establish contact with him.

In the fourth session, he again cried with occipital mobilization and failed to respond to my attempts at making contact. While crying, he kept his head turned away and averted his eyes when I held his head so he had to face me. It became evident his strong tendency to withdraw was the result of severe spasms and energetic contraction in the occiput and posterior cervical segment, extending deep into the ocular segment and involving the base of the brain. Following this session and an additional half-hour of crying, he was described as appearing in good contact. His mother told me she had the feeling his tendency to withdraw was related to severe marital problems during the first trimester when she withdrew completely from her husband. It was her impression this tendency to withdraw was somehow transmitted to her son.

In the fifth session, again videotaped, J. brought in a worm to show me but soon went into a catatonic trance. Occipital and posterior cervical mobilization produced sustained crying. As long as I maintained contact with him by loosening his occiput, he was able to cry. At the moment this contact was broken, however, his crying stopped. Following

this session, he no longer stuttered.

At the start of the following session, he began crying spontaneously as soon as his mother left. I continued mobilizing his occiput and began working on his shoulder muscles as well.

Prior to entering the treatment room for the next session, J. asked his mother to stay with him. She asked me if she could, and I told her she could see him after the session was over. Upon her departure, he started crying. I asked J. if his neck was tight and if he wanted me to work on it. His response was affirmative and indicated he was not in a catatonic stupor. He cried deeply as I gently massaged the insertion of the left trapezius muscle into the occiput. At the end of the session, he spontaneously said "good-bye."

In the eighth session, again videotaped, he was no longer catatonic when he entered the treatment room. He gave me two nuts he had gathered from the ground outside which I took as a gift of gratitude and as his solicitation of my approval of his genitals. In response to my asking, he again wanted me to mobilize his occiput and he gave in to deep sobs. Although very tender and tense at the outset, constant gentle pressure gradually relieved the spasm and the muscle softened. More deep crying was followed by spontaneous gagging.

Gradually, the occiput and shoulder muscles felt loose and his mother reported a decrease in his tendency to stare. He appeared lively and contactful and told me enthusiastically of his new interest in gymnastics. From this point forward, with no further evidence of catatonic withdrawal and normal spontaneous speech, therapy was discontinued.