Bye Bye Baby

By Dr Tan Yew Seng

The role of doctors as emotional receptacles is not well known. But like it or not, doctors are performing this function for their patients every day of their practice. Take a relatively simple example of the ubiquitous middle-aged lady who comes to the clinic periodically for multiple complaints without obvious medical explanations. At the end of the session, the normally calm, mild-mannered doctor may find himself / herself anxious, irritable, frustrated, and often drained. This is commonly associated with the fear of missing a diagnosis, which by no coincidence paraphrases the patient's "I think I have (there is) a terrible disease but I don't know what". In other words, what started out as the patient's distress has become yours. You will know that you have received such "alien" emotions when you begin to say: "I am usually not like this", "I don't feel like myself today", or "What just happened to me?" The patient on the other hand, after disposing of her anxieties, worries, neurotic concerns and other negative feelings, somehow becomes better (sometimes over a few sessions), regardless of what the doctor does. Or to put it in the patient's perspective: "I feel better now because my problem is in (your) good hands." Some of these patients do return after a while, when enough toxic emotions have re-accumulated. But then again, such may indeed be a compliment to the doctor for providing a safe and non-rejecting environment for the patient to part with these thorny emotions.

There are of course even more complex situations where larger chunks of the patient's inner toxicity get deposited onto the doctor, often resulting in inter- and intra-personal mayhem in both parties. But we shall not be discussing about these here. What I will bring up though is a case of how one patient overcame her emotional issue by depositing, rather literally, the problem with the doctor.

BACKGROUND

The patient was D, a 26-year-old clerk (names and events have been altered to protect identity of the patient). Her mother came to see me one late afternoon for a house-call. The history from D's mother was sketchy: D had depression for about six months because of BGR ("boy-girl relationship") problems. She was initially seen by a psychiatrist but had recently stopped seeing him and taking the medication. Her condition worsened over the last three days and she could not step out of the house since then. Despite the duration of the problem and apparent sense of urgency, the paucity of details was surprising. Was there something which cannot be said at the first visit, or was she just not really in touch with her daughter?

Anyway, I decided to go and "see how I can help". I was first greeted by D's father, a retired overseas businessman who basically hovered around quite silently and helplessly. D, sitting at her bed, had obviously been crying a lot. Her responses to my inducements included sobs, long silences and barely audible whispers, except for the parts about going back to the psychiatrist or hospital. The latter provoked angry stares, head shakes and "NO!". The reason for not wanting to go was simple enough: "Because I don't want."

After an hour or more, there was fortunately some headway. D agreed not to harm herself, and will try to take some medication. She agreed also that we should continue to talk the next day. By the end of the second day, there was a better semblance of history. In summary, her two-year relationship with her live-in boyfriend was "alright" until she became pregnant six months ago. She felt compelled to go for an abortion because of social and financial reasons. However, just as she was going under anesthesia, she changed her mind. She tried in vain to tell the nurses to stop, but alas, when she woke up, the pregnancy was terminated. She felt guilty about the abortion but her boyfriend was somewhat nonchalant. At about the same time, she also discovered that he was seeing other girlfriends when she intercepted his phone calls and text messages. Thereafter, she developed panic whenever the phone rings. Yet she found herself absolutely unable to extricate herself from the boyfriend ("I still love him, and he still loves me"). She discovered too that she would get panic symptoms if she goes to public places without him. More recently, she became inexplicably frightened about leaving for work. But it was most daunting to see the psychiatrist, whose clinic was incidentally at the same hospital where she had her abortion. As for her parents,

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they felt that the boyfriend who had lived with them for the two years was probably "as good as it gets", and encouraged her to patch up with him instead.

After much coaxing, we managed to continue our "talking session" at the clinic thereafter.

BABY O

The existence of Baby O emerged after D felt more comfortable at our sessions. About one month after her abortion, she started seeing the image of a baby. The baby could appear anywhere and anytime although he tends to appear at the children's playground. She even named him O. Baby O could smile, laugh, dance and play with her. D was happy when Baby O was around. She was convinced that Baby O was the spirit of the aborted fetus, a notion that was "confirmed" by the temple medium that her parents brought her to. The medium foretold that the Baby O would continue to haunt her until she gets pregnant again (by the same boyfriend, of course). Then, it will re-enter the physical world to be her son. To D, it was therefore not only a moral obligation, but destiny that she would have to get pregnant again to save her child. But that would also mean marrying her boyfriend, which was no certainty seeing how things had turned out. And even if they were to marry, she would have to betray herself to do so. A shift has occurred: "I love him" had changed subtly to "I hate him".

At this point, it was tempting to confront the patient that the 'baby' was just a hallucination and proceed to top her up with more anti-depressants and anti-psychotics. But to D, this may well be tantamount to asking her to commit 'mental infanticide', eerily resembling the earlier instigation of 'fetocide' by her boyfriend. I continued to let her talk about the baby, and even encouraged her to do so as a means of validating her needs and suffering. Perhaps with her grief and inner distress addressed, the need to compensatorily create Baby O would be negated. Along the way, we also discussed Baby O's future family – how his mother would be, what kind of person his father would be, and the possible relationships in that future family. It was not too long before D came to her own conclusion that the real world for Baby O might not be a bed of roses after all. Was she really doing Baby O a favor? But how would she let him go?

The impasse continued for some more sessions. Then, about two months later, she brought a parcel to the clinic and left straight after instructing my staff to pass it to me. In it was an exquisite musical cloth doll, which moves to the tune of the "Beauty and the Beast" animated movie soundtrack when wound up. Attached to the package was a small hand-written note: "His name is R. Please take good care of him."

Since then, D did not talk of Baby O anymore, even when probed. Nor did she want to talk about the doll.

GETTING BETTER?

D continued to see me for a while. Did she become better? Perhaps she was better in coping with the events. Her panic symptoms abated; she was able to take public transport by herself eventually after much counselling. Four months later on a Saturday afternoon, she paged me to tell me that she had initiated a break-up with her boyfriend. I saw her again for a few more sessions thereafter to support the "emotional fall-out" of her decision. But like many patients, she stopped seeing me regularly thereafter, choosing to come only whenever she encountered problems. The last I heard about her was that she had changed her job and had a new boyfriend. It certainly seems that while people may not change so easily, they do learn ways to get by. And they can be quite creative too, like D. Maybe that is what we can hope for her, at least for now. ■

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